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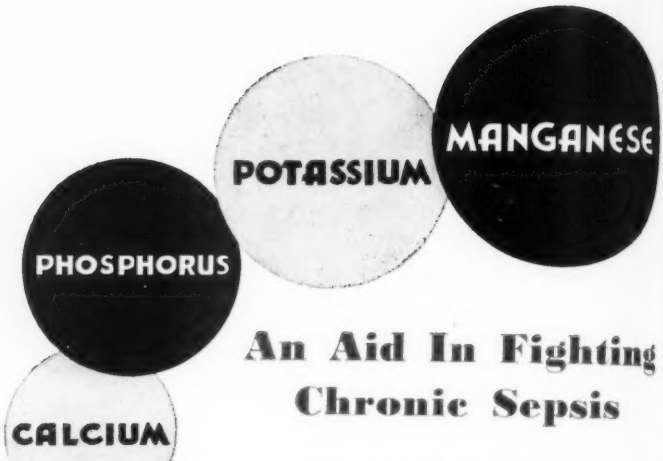
Medical Economics

THE BUSINESS MAGAZINE OF THE MEDICAL PROFESSION

JANUARY, 1937 • CIRCULATION: 127,000 •



XUM



An Aid In Fighting Chronic Sepsis

Chronic cholecystitis, chronic prostatitis, chronic colitis are but a few of the rather common conditions which give rise to a state of chronic sepsis.

Fellows' Syrup in these conditions supplies the required mineral elements. The dose suggested is one teaspoonful four times daily, in water.

FELLOWS' SYRUP

SAMPLES ON REQUEST

FELLOWS MEDICAL MFG. CO., INC.

26 Christopher Street, New York, N.Y.

Medical Economics

THE BUSINESS MAGAZINE OF THE MEDICAL PROFESSION

TABLE OF CONTENTS FOR JANUARY, 1937

SPEAKING FRANKLY 4

SIDELIGHTS 19

A LOOK AT THE RECORDS ..... *J. T. DURYEA CORNWELL, JR.* 22
How to Set Up a Complete System of Records

STATE MEDICINE NEARS ..... *WILLIAM ALAN RICHARDSON* 29
Current Developments in Washington and Elsewhere

NAME, PLEASE ..... *GEORGE SLOAT STEEL* 32

ALL UNDER ONE ROOF ..... *J. HOWARTH YOUNG* 33
An Inexpensive, Two-Story Home-Office

LIGHTS ON! ..... *ROSS VON METZKE* 37
Correct Illumination for Your Rooms

EDITORIAL ..... *H. SHERIDAN BAKETEL, M.D.* 40
Something New in Directories

HERE COME THE COOPERATIVES ..... *JAMES PETER WARBASSE, M.D.* 42
Their Significance for the Physician

OUR BANKERS, THE INSURANCE COMPANIES ..... *W. CLIFFORD KLENK* 47
They Pay Higher Interest With Equal Liquidity

BEAUTY CALLS ..... *HERMAN GOODMAN, M.D.* 50
Why Not Counselors in Cosmetic Dermatology?

GHOST-ANSWERED ..... *CHARLES GAILOR* 53
For You—a Professional Telephone Exchange

MAKE THIS LABORATORY DISCOVERY ..... *GEORGE M. LEVITAS, M.D.* 63
A Model Laboratory, Described by Its Owner

THEY BORROW OUT OF DEBT ..... *GERARD DAVIDSON* 71
Denver Institution Finances Patients

CHOOSING A DOCTOR BLINDFOLD ..... *RUTH MAYRE* 73
A Medical Who's Who in Every Town

INCOME TAX TACTICS 86
Timely Advice on How to Fill Out Your Tax Blank

PRACTICE FOR SALE 93
Precautions for Buyers and Sellers

DEFENSE LEAGUE ACTIVE 98

HEYD ON ECONOMICS OF MEDICINE 100

MEDICAL ECONOMICS HELPS TRAP THIEF 103

INVESTORS' CLINIC ..... *FRANK H. McCONNELL* 105

LAYING THE CORNERSTONE OF CONFIDENCE ..... *MILTON WRIGHT* 115
Practical Ways to Win the Patient's Trust

HANDS OFF PHYSICAL THERAPY! ..... *RICHARD KOVÁCS, M.D.* 119
Reclaiming Practice from Physical Therapy Quacks

DON'T EXPLAIN THE Rx 127

THE NEWSVANE 131

JUST PUBLISHED 160

LITERATURE & SAMPLES 165

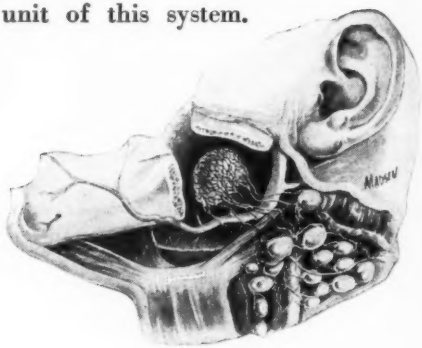
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J. T. DURYEA CORNWELL, JR., Associate Editor
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XUM

In Tonsillitis

the lymphatic system of the entire throat is involved, as the tonsils themselves are an important unit of this system.



THE stimulation of this capillary net-work with generous applications of

Antiphlogistine

over the entire neck, is frequently all the local treatment that is required to *remove the toxic products* and thus *relieve the discomfort* and *reduce the inflammation almost immediately.*

Generous clinical supply and descriptive literature on request from:

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NEW



B-D Physician's Organized Hypodermic Kit

THIS compact kit carries complete hypodermic equipment which may be arranged according to individual needs. The case is made of heavy reinforced moose-grained leather and closes with a slide fastener. The overall size when closed is 9⅞" by 6⅛" by 1¾".

This case may be obtained in three forms:

No. 2500. As an empty case $5.90

No. 2501. With bottles for alcohol and cotton, Bakelite syringe sterilizer, Bakelite sundries box and needle container . $6.90

No. 2502. Complete with equipment including a 1 cc. syringe in Bakelite sterilizer, a 2 cc. syringe in a metal sterilizer with three needles, a 2 cc. and a 10 cc. syringe, twelve assorted needles in a metal sterilizing tray, alcohol and cotton bottles; with clips for ampoules and hypodermic tablet vials . $17.90



. . . a smaller model

this leather pocket pouch with slide fastener has clips for five 1cc. ampoules and clips for ten 1½ or 2 cc. ampoules. The metal sterilizing case holds a 2 cc. Yale Luer-Lok syringe and three hypo dermic needles.

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BECTON, DICKINSON & CO.
RUTHERFORD, N. J.

B-D PRODUCTS
Made for the Profession

SPEAKING FRANKLY

★ *How Much?*

To the Editors:

Several families in my community have suggested to me that I become their physician on an annual flat-fee basis. Perhaps some of your readers who have had experience with such an arrangement will answer a few questions for me. What is the proper annual fee to charge for a family of two adults and two children? How much per single adult? What services should be offered in return for such annual fees? Is a small surcharge to be added for home calls? Answers to the foregoing and any other information about contract work with individual families will be most welcome.

M. D., Connecticut

Answers will be forwarded.—Ed.

★ *Disintegration Arrested*

To the Editors:

I have just read with much interest a letter from Dr. A. M. Loope in your November issue (page 10), concerning the present relationship between nurses, doctors, and hospitals. One of his sentences, in particular, strikes me: "Now, physicians, instead of being told that their constructive criticism is appreciated, are apt to be informed that the hospital will be run thus and so and that they had better conform."

The foregoing criticism may be true in some hospitals. But many of our larger, modern hospitals are run largely with the cooperation of their medical staff.

To cite an example, the Albany Hospital joined in 1934 with the Albany Medical College, the medical department of Union University, and the Russell Sage College of Troy, New York, to inaugurate a four-year, college-level school for nurses. Throughout the school program the management of the Albany Hospital has insisted that the rights and thoughts of its attending staff be respected.

On the governing board of the nursing school the profession is well represented; and one of our doctors serves on the nursing administrative committee. He is also chairman of the professional advisory committee of the staff of the Albany Hospital, which meets regularly with the management of the hospital to help it function properly. My first assistant is medical director of the hospital as well as chairman of its administrative committee.

In conducting the new nursing school as well as in managing this hospital, we keep before us continually the absolute necessity of full cooperation from our attending staff. Managing a large hospital is a job for its executive directors as well as for the physicians who serve it. Working together, those two bodies can create and maintain a truly great institution. If they fall out, disintegration of the quality of the hospital is bound to result.

E. W. Jones
Executive Director
Albany Hospital
Albany, New York

★ *The Wills Way*

To the Editors:

Please accept this expression of appreciation for your editorial (September issue, page 19) in which you quote our notice to clinic patients.* Approximately 25,000 of those slips are distributed to clinic applicants each year by the

*Reads as follows: "Doctors working in the Wills Hospital clinics are not paid for their services. We, therefore, ask you to report promptly for clinics as instructed, always to bring your card, to observe quiet and order in the clinic, and to carry out instructions given to you.

Those who through improved financial conditions become able to pay for a doctor's services should select a doctor of their choice and make arrangements through the hospital to see him in his private office."

"GIVE ROLICIN
THE ONLY *NEUTRAL** CASTOR OIL"



MORE and more physicians are finding that ROLICIN is fully tolerated by children and squeamish adults who cannot or will not take ordinary castor oil. Its exceptional purity assures superior potency and freedom from all objectionable taste, odor or color.

*Rolicin is the only *neutral* Oleum Ricini (U. S. Patent No. 1,372,632). Super-refining in vacuo by the intricate and exclusive Kellogg process makes Rolicin the only castor oil entirely free from oil soluble impurities and free fatty acids.

This pure, palatable cathartic is indicated as a quick and thorough purge for temporary constipation, costive biliousness, intestinal flatulence, mucous colitis, dysentery, fermentative diarrhea, and diarrhea caused by food or drug poisoning. It is also useful at the beginning of a cold and to relieve intestinal toxemia in benign high blood-pressure.

The dose for adults is 1 to 3 tablespoonfuls. For children over 1 year, 1 to 2 tablespoonfuls. Infants in proportion to age. Best taken on an empty stomach.

Available at all drug stores in one size only—3½ oz. refinery filled and hermetically sealed bottles. NEVER SOLD IN BULK.

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Reg. U. S. Pat. Off. Brand of Oleum Ricini U.S.P.

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Without obligation on my part, you may send me a complimentary 3½ oz. bottle of Rolicin and also your comprehensive booklet on its therapeutic uses.

..... M D

..... Street ..... City

Wills Hospital. The institution has for years endeavored to protect the medical profession from imposition and at the same time to fulfill its mission of service to indigent patients.

We are glad not only to make the situation clear as it affects our own medical staff, but also to feel that our procedure may be of general value in educating the public to a proper concept of medical economics.

Stephen Wierzbicki, Supt.
Wills Hospital, Philadephia

★ *A Challenge to Medicine*

To the Editors:

Because I am a former president of the Medical Society of New Jersey and am at present chairman of its board of trustees, I wish to make plain that, in offering this brief comment on the article, "State Medicine Nears," and on the editorial, "There is Still Time" (December issue), I am expressing only my own individual views.

At the outset, may I say that I feel MEDICAL ECONOMICS is to be commended for the timeliness of its article and editorial...Powerful forces within and outside the administration continue to exert steady and increasing pressure to amend the Social Security Act to include health insurance...

The energetic and capable president of the Medical Society of New Jersey, Dr. Spencer T. Snedecor, has written to the chairman of the Social Security Board offering to lend the active assistance and cooperation of the state society in making a health insurance study if it is undertaken. Dr. Snedecor called attention to the fact that steady improvement is being made in delivering medical services to the low-income group in this state and that we are quite willing to experiment toward further improvement, provided the method or methods will not result in *inferior* medical care.

It seems to me that this is a sound attitude. And it leads to a brief comment on your editorial. The things which you advocate the profession doing to inform the public at this time of our attitude are excellent. To the contacts which you suggest should be made, I would add one which at this time I think is most important—the American Federation of Labor. It is the largest single organized group representing the public; and, as you have correctly stated, if we are to have health insurance, the decision will be made by the public, not by the medical profession.

The Federation of Labor has intelligent leadership and has done much for labor. With the new national social-consciousness, its influence in this matter will be great and perhaps determining. It is our job to show labor that health insurance, modeled after any of the foreign patterns now extant, *will not improve medical service.* The president of our state society has arranged for a conference with officials of the State Federation of Labor shortly after the holidays. It would seem highly desirable and necessary that such contacts be made by every state society.

Whether or not the danger of the imposition of health insurance on a national scale is as imminent as your article suggests, the danger remains and will remain for some time. To prevent it is a challenge to the best organized efforts that can be put forth by the medical profession.

Frederic J. Quigley, M.D.
Union City, New Jersey

To the Editors:

In hearing of state medicine, we do not hear "if it comes" so much as "when it comes." The news one reads today indicates that it is just a matter of time. Mr. Richardson's article, "State Medicine Nears," shows evidence of thorough investigation of the situation. Personally, I feel that his conclusion—state medicine nears—is correct...

We have one of two courses to follow. We can fight bitterly with the weapons we possess (feeling that "while there is life there is hope"), or we can acquaint ourselves more fully with the various forms of state medicine..in an effort to prepare for and control the inevitable.

One outstanding way to fight state medicine is the method advised by Dr. Baketel in his editorial. If his advice is followed enthusiastically by physicians personally and by organized medicine generally, we can prevent

★The Advantages of ARGYROL in the Office Treatment of the Winter Cold . . .



Certain properties of Argyrol make it particularly suitable for the effective treatment of more serious winter colds *in the physician's office.* Here the Dowling Pack technique, or the insertion of cotton tampons as far back as possible between the middle turbinated body and septum, is highly useful. Even when applied more simply on pledgets or as a spray, Argyrol exerts a local detergent and decongestive effect comparable to that produced by the usual shrinking compounds.

In addition, however, it supplies lasting, soothing, inflammation-allaying and bactericidal effects combined in no other type of mucous membrane medication. It can be used safely and simultaneously in the eyes and throat as well as nose.

Argyrol is a distinct and separate product produced only in the laboratories of the A. C. Barnes Company. It is not just another "mild silver protein"; it is the prototype of all mild silver proteins, none of which has ever duplicated Argyrol chemically or clinically. None other contains silver in the same chemical and physical state, nor does any other contain protein of a similar nature. *Argyrol is the only silver salt which does not become irritating with increased concentration.* Your insistence on having the name BARNES on all solutions will insure the results you expect.

Argyrol is made only by A. C. BARNES

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FOR 35 YEARS SOLE MAKERS OF ARGYROL AND OVOFERRIN

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any undesirable change in the method of practicing medicine. We must mould public opinion. If physicians generally continue with an indifferent attitude, refuse to acquaint themselves adequately with the subject, and refuse to fight for their professional lives, anything can happen.

I feel personally that there would not be great opposition to some form of state medicine if we knew it would help *us* personally. Then, too, there is the unknown quantity. We do not know what will be offered and, rather than take a chance on the unknown, we prefer to have things continue as they are now.

After all, when this thing is brought to its final analysis, our big question is, what effect will it have on *my* income and on *me* personally. As with people in other walks of life, we are perhaps selfish enough to be deeply interested in *our own welfare.*

Homer L. Pearson, M.D.*
Miami, Florida

★ *More on Anesthesia*

To the Editors:

More power to Dr. F. H. McMechan.

He has covered with clarity the problem of anesthesia in the United States where technicians have been permitted to develop unrestricted by organized medical authorities. The latter, by their soporific indifference, repeat their historic neglect of the invasion of osteopathy in the field of health work in this country.

Anesthesia is the treatment of painful injury; it calls for prescribing dosages of lethal and dangerous drugs; its successful administration depends on diagnosing the reaction of each patient to the lethal drug to be employed. Treatment, prescription, and diagnosis have, by legal decisions and moral understanding, been ruled as the practice of medicine.

Why, therefore, in the United States has the invasion of technicians into the field of anesthesia been permitted? Because there are those who court success by commercializing their profession. The money earned by technicians goes to the treasuries of their employers. Thus, our rights as medical men suffer from vicious invasion for the sake of financial gain.

We must recapture our control of anesthesia. We can do so if we take a lesson from the British Medical Association and organized medicine in Canada. They have protected their respective populations from lowered standards.

W. Chalmers-Francis, M. D.
President
Associated Anesthetists of the United States and Canada

To the Editors:

I should like to supplement points made by Dr. McMechan. Not only has the International Anesthesia Research Society undertaken needed planning for the relief of the wrong economic and scientific situation that now exists in anesthesia, but numerous county and state societies as well as the A.M.A. itself are giving attention to its correction.

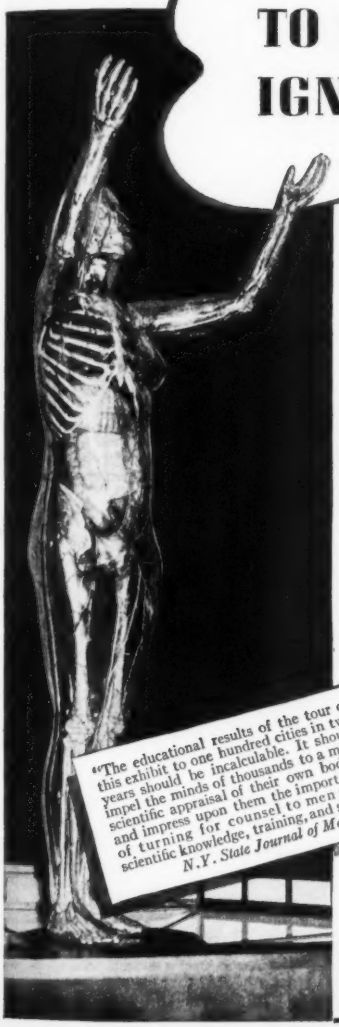
A plan, omitting economic or restrictive legislation, and based on a strictly educational presentation of the advantages of medically trained anesthetists has been steadfastly followed by the oldest American anesthesia organization —the American Society of Anesthetists, founded in 1905. Its endeavor is to advance the art and science of the teaching and practice of anesthesia, inhalation therapy, and resuscitation(allied fields) by the increase and development of educational facilities in medical schools and hospitals.

Surgery, surgical nursing, and anesthesia must obtain and maintain a balance of equality and maximum efficiency. That requires specialists in those fields. Specialists in anesthesia must be as well trained as specialists in surgery if they are to cooperate adequately.

In 1931 the American Society of Anesthetists elected a board of examiners to investigate certification of specialists in anesthesia. Since that time it has conducted thorough, impartial investigations of all qualified applicants who have voluntarily applied and appeared in person. One hundred and eight candidates have satisfied the examiners of their proficiency and have been granted a designation of Fellow in Anes-

*President, 1934, Florida State Medical Association.

TO COMBAT IGNORANCE



"The educational results of the tour of this exhibit to one hundred cities in two years should be incalculable. It should impel the minds of thousands to a more scientific appraisal of their own bodies, and impress upon them the importance of turning for counsel to men with scientific knowledge, training, and skill."
N.Y. State Journal of Medicine

CAMP TRANSPARENT WOMAN GOES ON EDUCATIONAL TOUR

Now that her world-acclaimed premiere is history, The Camp Transparent Woman starts her real work. . . . At the New York Museum of Science & Industry, the world of medicine and the lay world came to pay homage to this remarkable replica of the complex female figure. . . . Viewed by more than a quarter of a million women in New York, The Camp Transparent Woman starts now on a transcontinental, public health educational tour that will take her to most of the important cities of the United States. It is hoped she will awaken millions of women to a better understanding of their physical selves and the vital importance of professional medical counsel . . . May we cordially invite *you* and your associates to see The Camp Transparent Woman when she visits your city.

CAMP TRADE MARK

SUPPORTS

S. H. CAMP & COMPANY
JACKSON, MICHIGAN
Offices at New York, Chicago, Windsor, Ont.; London, Eng.
World's largest manufacturers of surgical supports

thesiology of the American Society of Anesthetists. The examinations and qualifications for such certification are identical with those of the various American boards of medical specialties.

Recognition given holders of the foregoing certificates by the American lay and medical public makes evident their appreciation of the distinction given by adequate preparation and special training. Therefore the American Society of Anesthetists is convinced of the inevitable passing of the technician in anesthesia as well as of the mediocre physician-anesthetist.

Paul M. Wood, M.D.,
Secretary-Treasurer,
American Society of
Anesthetists

★ *Mass Production*

To the Editors:

The item about mass production of medical care in your November "Sidelights" department impels me to make the following comments.

Through ignorance and false economy free clinics are crowded with undeserving patients not only in the specialties you mention [pathology, radiology, anesthesia] but also in otolaryngology and others.

There are enough indigent patients at all times to justify the existence of a free hospital. The doctor with his humanitarian and professional interest is always ready to serve gratis. That is his philanthropic contribution. But it is an imposition, an affrontery, and downright thievery when a patient who can afford to pay avails himself of free hospital service.

Every hospital should have a social investigation agency and stringent rules whose function would be to send the latter class of patients to private physicians. Such measures should be based on the premise that there is a physician for every purse.

Joseph Prenn, M. D.
Boston, Massachusetts

To the Editors:

I believe that the medical men of America have little to fear from mass production methods in medicine until the nature of the American people has changed. The last few years have shown us how poorly the public in this country adapts itself to regimentation of any kind. They would do so less in medical matters than in other things which affect them less personally.

John I. Marker, M.D.
Davenport, Iowa

★ *Help Still Wanted*

To the Editors:

Permit me, as the author of "Help Wanted: Physician" (October issue), to reply to the comment by the "head of a recognized medical agency," published together with my article.

Written in fiery red letters across what he has to say is ALIBI. That the agency man should attempt to wash agency practices as clean as a lamb is of course to be expected. But when the statement is made that "worthwhile dailies will not knowingly allow *fake* ads to appear in their columns," may I say I never found a trumped-up ad among them. The advertiser was there all right, but he was a quack in one guise or another, and was merely looking for a sucker to exploit. Obviously his intentions could not be gauged by the management of the paper.

I still question the *bona fide* character of some ads in so-called reputable medical journals. Is every advertisement corroborated by the medical journal through the original advertiser? Assuredly not. The advertiser's identity is a dead secret with the agency. One agency makes no demand for "membership" fees and is conspicuous therefore. But the others do. Whether such practice is or is not against the law in their respective states, I do not know. But I am sure that, unless one pays the $2 fee they require, one's replies are *not* transmitted to the advertiser (assuming that he actually exists, which, in many cases, I have reason to doubt).

Of course, the one who hires makes his own decisions about what he wants—his the proposal; his the disposal. But my impression is that many of the ads I answered were figments of the agency's concoction. Many a deluded fool, like myself, has waited patiently and hopelessly for an answer.

M. D., New York

SLEEP..

An Aid to Recovery

"Nothing favors recovery from illness more than restful sleep."

—G. Giddings, J. Med. Assoc. Ga., Oct. 1936

Restlessness interferes with the reparative processes of Nature. For the nervous, restless patient remember—

PENTABROMIDES

(MERRELL)

—a safe, effective sedative

Pentabromides provides the bromides of calcium, sodium, potassium, lithium and ammonium in a palatable form.

Years of clinical experience with Pentabromides confirms the safety as well as the pronounced sedative action of the product.

Non-alcoholic—Palatable—Well Tolerated

THE WM. S. MERRELL COMPANY
CINCINNATI, U.S.A.

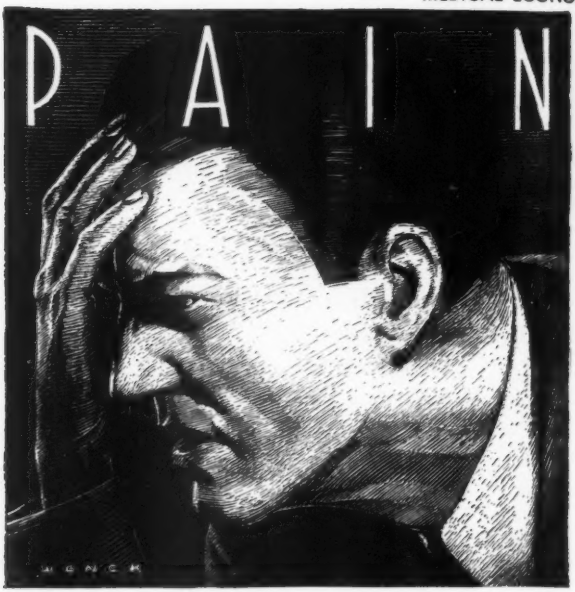
THE WM. S. MERRELL COMPANY Dept. M.E. 1
Cincinnati, Ohio

Gentlemen: Please send me literature and a sample of Pentabromides (Merrell).

Dr. .....

Address .....

City ..... State .....



HEADACHE IS DISABLING

Headache may be as disabling as a grave illness. Migraine surely is. It is noteworthy how quickly the patient can obtain relief with Peralga. This non-narcotic analgesic and sedative combination of amidopyrine and barbital relieves pain quickly, yet does not cause drowsiness when the patient must remain at work. That is why Peralga is extensively prescribed in recurrent painful conditions, such as migraine and dysmenorrhea. Supplied in tablets and powder. Trial quantity sent on request.

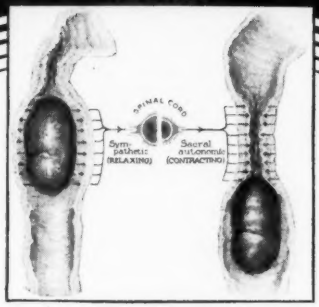
PERALGA

SCHERING & GLATZ, INC.
113 W. 18th St., New York City



METAMUCIL

SEARLE



in THE TARDY COLON

Correction, rather than stimulation, is the keynote of Metamucil in the treatment of constipation.

Taken well diluted with any liquid, Metamucil forms a soft, plastic, mucilaginous, lubricating, non-irritating fecal mass—promotes normal peristalsis.

Metamucil does not leak as does mineral oil; does not irritate, as "roughage"; does not produce "cathartic addiction" as do chemical eliminants.

Thus, Metamucil produces regular bowel elimination in the manner intended by nature—bland distention.

Metamucil is a purified and concentrated vegetable mucilloid prepared from the seed of Plantago Ovata (Forsk) and held in dispersion with a specially prepared milk powder.

Indicated in spastic and atonic constipation; in ulcerative bowel lesions.

Supplied in 1-lb. and 6-oz. containers.

G. D. Searle & Co.

FINE PHARMACEUTICALS SINCE 1888

NEW YORK LOS ANGELES **CHICAGO** KANSAS CITY SPOKANE

G. D. SEARLE & CO. Dept. M. E. 1
4737 Ravenswood Ave., Chicago.
Gentlemen:
You may send me free of charge sample and literature on METAMUCIL.

Dr.....

Address.....

City.....State.....

FOR RESPIRATORY DISORDERS



A tonic preparation of recognized usefulness attested by definite clinical results

LIQUID PEPTONOIDS WITH CREOSOTE is indicated as an effective therapeutic aid in the treatment of colds, bronchitis, influenza and other respiratory infections.

It supplies immediately available nutriment, promotes expectoration, and reduces irritation of the respiratory passages.

It is so blended as to mask the taste of the creosote, thus permitting continued creosote medication.

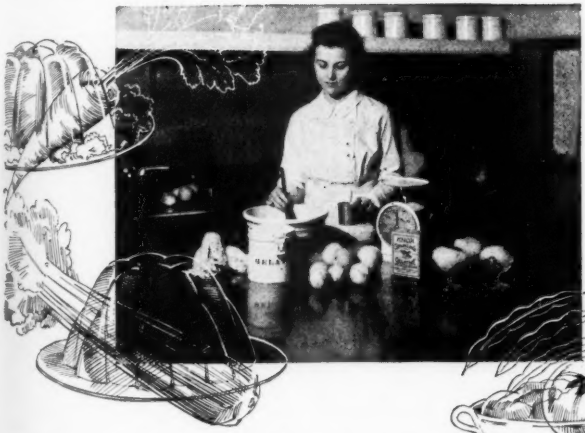
A request for PC #8 will bring you samples and further information

FORMULA

Each tablespoonful represents:

Pure Beechwood Creosote	2 min.
Guaiacol	1 min.
Proteins (peptones and propeptones)	5.25%
Lactose and Dextrose	11.3%
Cane sugar	2.5%
Mineral constituents (ash)	0.95%
Alcohol (by volume)	12.0%

THE
Arlington
CHEMICAL COMPANY
Yonkers, N. Y.



Diabetic Diets Easily Planned with KNOX GELATINE

Gelatine (U.S.P.) plays an important role in diabetic diets. With a limited assortment of foods that are included in the diet, gelatine will "dress-up" these same required foods into attractive salads and desserts.

It is easy to calculate a diet with gelatine dishes because Knox Gelatine is of known caloric value being a pure but incomplete, protein.

Knox Gelatine should not be confused with an already prepared jelly powder which contains sugar, flavoring and gelatine.

Knox Gelatine is scientifically made from selected long, hard, shank, beef bones—surpasses minimum U.S.P. requirements—pH about 6.0—contains no carbohydrates—fat content less than 0.1%—odorless—tasteless—bacteriologically safe.



SPANISH CREAM for Diabetics

	Grams.	Prot.	Fat.	Carb.	Cal.
1 envelope Knox Sparkling Gelatine	7	6			
¼ cup cold water					
1 cup milk	240	7	10	12	
¾ cup boiling water					
2 eggs	100	13	10		
1½ teaspoonfuls vanilla					
¾ teaspoonful salt					
(8ix servings) TOTAL		26	20	12	330
ONE SERVING		4	3	2	55

Heat water and milk over boiling water. Pour cold water in bowl and sprinkle gelatine on top of water. Add to hot milk mixture and stir until dissolved. Separate eggs and beat yolks until lemon colored. Stir gelatine mixture slowly into egg yolks. Return to stove and cook over boiling water until mixture begins to thicken. Remove from stove, add vanilla and salt and chill. In the meantime, beat egg whites until stiff. Fold into congealing jelly. Mold and chill until firm.

KNOX SPARKLING GELATINE

Knox Gelatine Laboratories
448 Knox Avenue, Johnstown, N. Y.

Please send me diet prescription pads—also infant feeding literature.

Name .....

Address .....

City ..... State .....

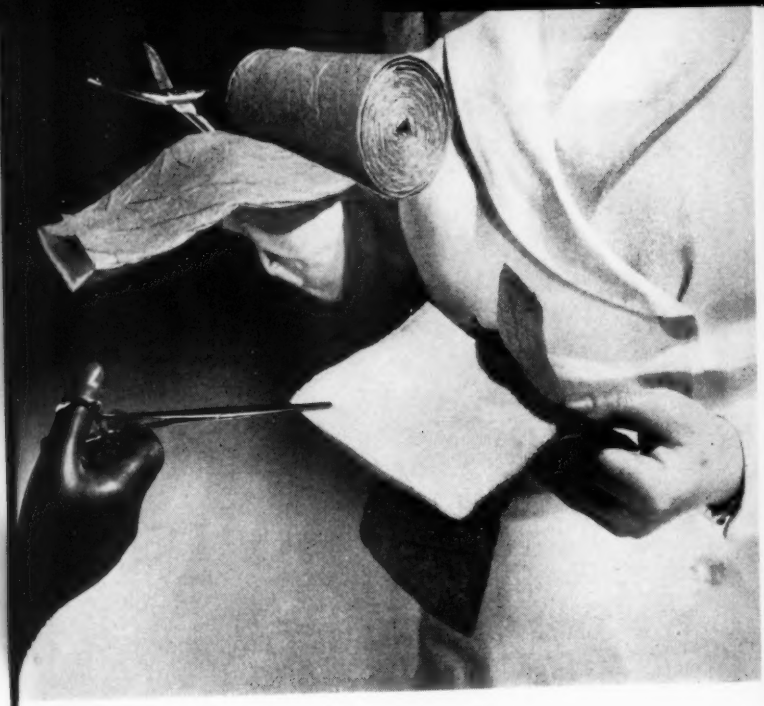
During the Perilous Forties

ANDROSTINE, "Ciba"

Now recognized and dubbed "the male climacteric" is the period of waning metabolic and sexual activity frequently occurring in men during middle age. Relief can be afforded by administration of Androstine, "Ciba," a total testicular extract containing all the active principles of the male genital glands. ¶Androstine, "Ciba," has proved beneficial in cases of impotence, infantilism, prostatic hypertrophy, premature senility, testicular insufficiency, etc. It stimulates basal metabolism. ¶Send for literature explaining how Androstine, "Ciba," is physiologically standardized, and how it is administered either orally or intramuscularly.



CIBA COMPANY
INCORPORATED
NEW YORK N. Y.



Your sterile gauze supply...

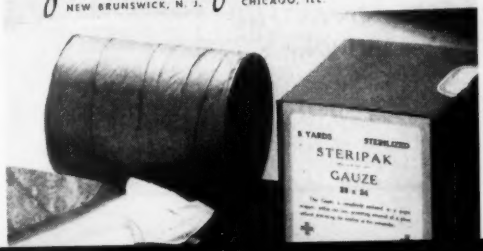
Prepared especially for office work. A non-sterile hand can cut a piece of Steripak Gauze, for use with sterile instruments, without affecting the sterility of the remainder of the package. The gauze is completely enclosed in paper wrapping with overlapping edges. In 5-yard packages only, at no additional charge over regular package gauze.

•

ORDER FROM YOUR DEALER

Johnson & Johnson

NEW BRUNSWICK, N. J. CHICAGO, ILL.



They Need More Protection in Winter



WINTER, with its icy winds and lack of sunshine, carries a challenge to resistance. Much of the sickness associated with winter—the common cold, whooping cough—is often the result of the breakdown of resistance.

During this time, when exposure is unavoidable, the maintenance of good resistance is of paramount importance. Added protection by heavier clothing, waterproof overshoes, and a reinforced diet, are essential factors in keeping up resistance.

OVALTINE is a valuable adjunct to the diet during the winter. Made according to directions, it reinforces the diet with nourishing food in an easily digested and rapidly available form. It supplements the diet with protective food elements—vitamins and minerals. And to compensate for winter's sunless days, it furnishes a rich supply of vitamin D.*

*The natural vitamin D content of OVALTINE is supplemented and standardized by the use of the Steenbock Irradiation Process.

Taken as a hot drink, OVALTINE is palatable, easily digested, and contributes substantially to the maintenance of resistance to winter ills

Try OVALTINE This Winter

Order it for patients who need to increase resistance to colds and other winter ailments. Fill in coupon for professional sample.

THE WANDER COMPANY
180 No. Michigan Ave., Chicago, Ill. Dept. M.E. 1

Please send me, without charge, a regular size package of OVALTINE. Evidence of my professional standing is enclosed

Dr.....

Address.....

City.....State.....

Canadian subscribers should address coupons to A. Wander, Ltd., Elmwood Park, Peterborough, Ont.

SIDELIGHTS

ON the heels of MEDICAL ECONOMICS' 1935 and 1936 Location Surveys, Dr. William O. Hutchinson, secretary of the Vermont State Homeopathic Medical Society, announces that his organization has just completed a study to find suitable locations in Vermont for homeopathic physicians. The information is available to anyone interested.

Medical societies in general, owing to their familiarity with local conditions, are in a good position to give advice to men in search of places to practice. By offering on several occasions to serve as a clearing house for the names of such places, MEDICAL ECONOMICS has been able to help several hundred physicians with the problem of where to locate. It repeats that offer now by requesting any society or individual who knows of a promising community to notify the Readers' Service Department at once.

There are always more applicants than openings. However, a file is kept of the names of applicants; and, as opportunities arise, they are notified in the order in which their names have been received.

PHILANTHROPISTS continue to dump fortunes into brilliantly useless projects, bringing to mind that classic example of futile research—the medieval graybeard seeking to find out how many angels dance in the eye of a needle. Even medical research approaches futility when laboratory results are confined to the laboratory long after they should have had clinical application. Recall the words of Sir James Paget: "Receiving thankfully all that physiology or chemistry or any other science can give us, let us still hold that that alone is true which is proved clinically, and that which is clinically proved needs no other evidence."

FREE care to the indigent is admittedly one of the foundation stones of education in medical-college hospitals and clinics. But we are inclined to doubt the opinion held in some quarters that full-fledged physicians are recompensed for their charity services merely by the added training they receive. It would be as apt to maintain that, for no reward other than the skill derived from their efforts, engineers should



build bridges; lawyers, win suits; teachers, educate; or bankers, lend money.

PHYSICIANS continue to lose money on patients who have been bankrupted by loan sharks. Out of 100 recent bankruptcies in Nashville County, Tennessee, for example, 57 debtors failed owing local doctors a total of $8,648.

Debt schedules revealed that 69 of the 100 debtors owed an average of $230 each to small loan companies at usurious interest

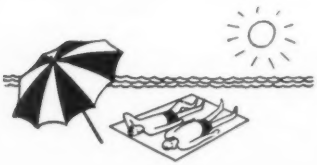
rates. In fact, the majority of these bankruptcies are said to have been precipitated by the pressure of loan sharks to collect their money. The debtor who might eventually have settled with his physician and other creditors sought the bankruptcy court as an escape from the money lenders.

In one case a debtor owed eight loan companies a total of $623. With all these concerns after him at one time he had little chance to pay a $60 doctor's bill.

Even after wringing usurious interest rates from its victims, the small loan company can tie up the borrower's income by garnisheeing his wages. The debtor then has little chance of paying his physician or anyone else.

Before committing himself to too-liberal credit terms, the practitioner can protect himself by determining to what extent the patient is indebted to small loan companies. He can also render a genuine service by discouraging the borrowing of money from loan sharks. Responsible patients may obtain money in other ways, and on reasonable terms (see, for example, page 71, this issue).

AS dividend payments are resumed, as the stock and commodity markets continue their upward climb, and as national income expands, Mr. Average Man



and his brother find themselves basking, for the time being at least, in the sun of better times.

Aware of the improvement, physicians now see their way clear to urge payment of long-overdue bills for medical services. Some have initiated an upward revision of fees, as well.

Medical men are the first to pare fees and extend credit in periods of depression. They should be among the first to receive consideration when the tide turns upward.

ONE of your colleagues, desperately in need of hospitalization, was refused admittance by several hospitals in his community recently. You see, neither he nor his family had money enough to pay for the service he so badly needed. The Physicians Wives' League of Greater New York came to his rescue with charity.

The foregoing is not an isolated case. Many a man who has given thousands of dollars worth of treatment free to the supposedly indigent in dispensaries and hospitals, finds the door closed when he or his family need hospital care for which he can not pay. Then he must turn to charity and degradation.

To be sure, a number of hospitals claim to extend special discounts to the profession. But the rate reductions are usually so small as to be almost farcical. Furthermore they are available only to staff members. Thus, medical men who have no hospital affiliations fail to receive even slight consideration.

Few situations match this in irony and paradox.

Surely it is within reason to ask that hospitalization at cost be made available to the profession which daily contributes over $1,000,000 worth of free service (for which hospitals too often take all the praise).

To you who head our hospitals this should come as a challenge. Go to your governing boards. Make them feel the impact of the justice behind the claim that your colleagues, without whom their institution could not exist, should be given hospitalization at cost. Seldom, if ever, will you have a chance to make a more valid claim.

AN inherent dislike for business detail explains quite simply why more practitioners do not have adequate case-history and financial records. Yet records, like road maps, have changed with the



times. No longer are they so complicated and cluttered up that it takes an expert to decipher them.

Doubting Thomases are referred to the article which begins on page 22 in this issue. It describes a record system of unbelievable simplicity yet one which is complete in all respects. If you now have no records worthy of the name, it will enable you to set up a system. Or if your present records need to be improved, it will help you pick out their weak spots and correct them.

The main thing is to act promptly—before getting into difficulties with the Department of Internal Revenue, before patients begin to drift away, or before becoming involved in a court case that requires you to produce records as evidence.

NEWSPAPERS are granting more and more space to the science of medicine. Occasionally they impart to our patients that bit of knowledge which traditionally, as well as in fact, is dangerous. We must admit, however, that many newspaper stories foster intelligent lay interest in and cooperation with our attempts to promote medical care.

One thing is certain—no matter what the effect of a press report on a medical theory or fact may be, we must be ready and willing to offset it if it's bad; foster it, if it's good. Curt or airy dismissal of a patient's query about some impossible cure described in the *Morning Bugle* won't convince him that what he read is so much hoopla. Nor does a brief "Yes, yes—very interesting!" do much to increase the respect he gained for medicine through the *Evening Clarion's* abstract of an eminent surgeon's paper.

We miss a wonderful opportunity to strengthen our own cause in particular and medicine's in general when we drape the wet blanket of disinterest over our patients' news-born enthusiasm for things medical.

CERTAIN physicians and medical groups tend to weaken their cause by the manner in which they attack supporters of the health insurance movement. It is not fair to impugn the motives of left-wing reformers in general; nor is it good strategy. Though some may be actuated by reprehensible motives, others are high-principled men and women whose only error lies in the fact that they haven't yet seen the light. To resort to emotional extremes or slander is wholly uncalled-for. Arguments, sound in themselves, earn greater respect when presented without malice.

THERE'S one antiquated practice that belongs in mothballs —asking distinguished physicians to address society meetings without offering to pay their expenses. Free admission to various convention lunches and a pass to the president's banquet and ball scarcely offset $50 or $75 spent for railroad tickets and hotel expenses.

Those who hold their societies' purse-strings may well heed the plight of a southern state medical association. Three of its larger components which subsidize their guest speakers have been putting on meetings that outshine those of the non-expense-paying parent organization.

—WILLIAM ALAN RICHARDSON

XUM

A Look at the Records

By J. T. DURYEA CORNWELL, Jr.

The brick and mortar with which a complete records system can be built are delivered here. They may also be used to remodel a system already in operation. If you need any further information about records, our Readers' Service Department will be glad to send it to you.

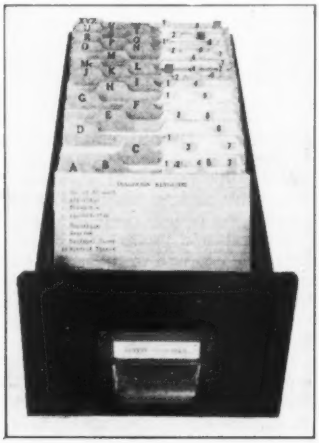
KEEPING efficient records need not cause gray hair. Here are the elements of a simple system, complete from A to Z:

Two sets of cards—one for medical records, the other for financial records.

A daily log—for keeping tabs on professional and personal appointments, daily receipts and disbursements, monthly and yearly income-and-expense summaries, and miscellaneous medical and private data.

A pocket notebook—for home calls (unless medical record cards themselves are carried along).

A steel cabinet containing two small drawers for record cards and two large drawers for correspondence will be found adequate by most practitioners. Such a cabinet costs relatively little and can be placed conveniently at the right of the doctor's or secretary's desk. The daily log is kept on top of the desk, together with a memo pad for telephone calls that come in while the physician is out. The pocket notebook or cards for home calls are carried either on the doctor's person or in his bag.



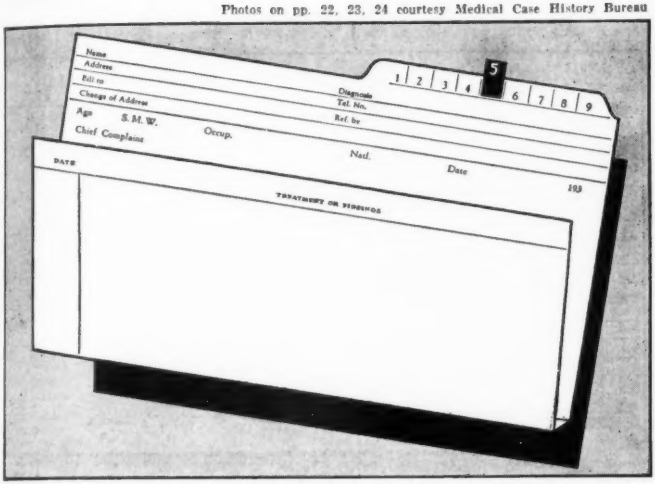
In the front of the drawer containing the medical record cards is a diagnostic keyguide which explains the numbers on the case histories and permits a cross-index according to medical conditions.

Descriptions follow of the physical and mechanical aspects of these aids to record-keeping:

Medical Records.—Whether a physician prefers his medical record cards printed or blank, the system to be discussed here applies equally well. Card dimensions may vary according to the type of practice and the length of the histories usually taken. However, cards measuring 4″ x 6″ or 5″ x 8″ are most frequently used.

The card shown on page 23, on which a patient's medical record is begun, measures 10″ x 8″; but it folds across the middle and thus becomes 5″ x 8″. As space on the folding card is used up, a non-folding 5″ x 8″ card may be attached to it.

Photos on pp. 22, 23, 24 courtesy Medical Case History Bureau



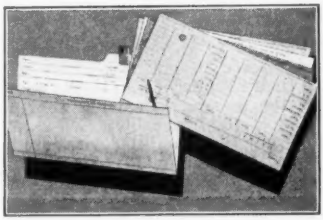
This is the original case history card which becomes a folder to hold various additional cards as they are needed. The picture below shows how the extra cards are held in place with a cotter pin.

The attaching is done by means of a light cotter-pin which is inserted through holes in the cards. The spreaders of the pin are pliable enough to facilitate easy handling yet strong enough to keep the cards from becoming separated.

The folding card has a second crease across the middle, a quarter of an inch from the first one, so that in extreme cases as many as fifteen non-folding cards can be encompassed by it. If a sheaf of records is dropped, the cotter-pin prevents them from scattering.

Besides holding the cards in place, the pin permits them to be fanned out, as shown above. Hence, it is possible to read or write entries on any card without detaching it. The cards are printed on both sides.

This system provides additional cards of various colors on which to record special data. Thus, laboratory cards are blue; obstetrical cards, salmon; operation cards, green.

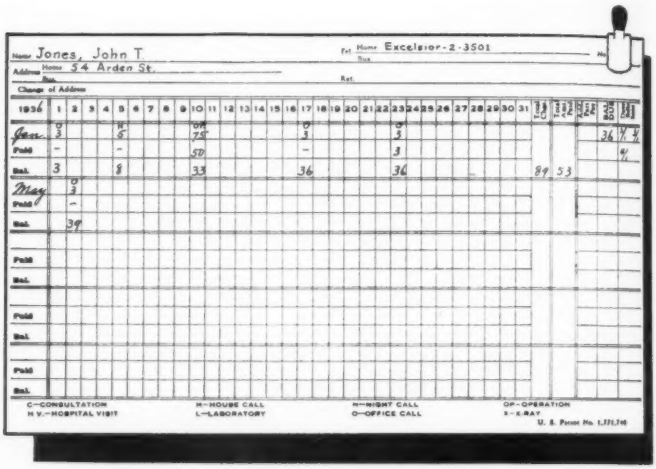


When a patient comes in, his complete case history is available by the simple expedient of removing the proper folding card from the drawer in which it is kept. Filing is alphabetical (see page 22). As cases become entirely inactive, it is well to remove their respective cards from the active file and store them away.

Prescriptions are recorded directly on the medical record cards or transcribed to them later from the pocket notebook.

Financial Records.—The financial record illustrated on page 24

XUM



The financial record of the entire Jones family is kept on this one card. When there is an overdue balance, a metal tongue is clipped onto the card.

is both simple and compact. It may measure either 5″ x 8″ or 4″ x 6″. Charges for services rendered to an entire family can be entered on one card. The card is then filed according to the name of the person responsible for the bills of the household.

For easy handling at billing time, the financial record cards are kept separately from the medical records. However, they, too, are arranged alphabetically behind guides.

Names of the months are purposely not printed on the financial cards. Consequently if a patient's account is active during January and then inactive until May, no space need go to waste. "January" is filled in by hand, with "May" immediately below it.

Bookkeeping procedure is equally simple. Each charge is posted in a space directly under the line of bold-face figures representing the days of the month. Symbols —"H" for a house call, "C" for a consultation, etc.—are written above each charge to identify what it is for (note the code printed across the bottom of the card).

Payments received are entered in one of the spaces to the right of the word "Paid." Any outstanding balance is figured readily and entered after "Bal."

The financial record card illustrated reveals the following: Mrs. Jones was charged for an office call on January 1. Since she didn't pay cash, $3 was entered as the balance due. On the fifth, Mrs. Jones had to be seen at home—fee, $5; paid, nothing; balance due $8, ($3+$5). Dr. Smith operated upon Mrs. Jones on the tenth. The fee was $75. Mr. Jones paid $50, leaving a total balance due of $33 ($8+$75—$50). Johnny Jones came to the office on the seventeenth. The charge of $3 was not paid, so the balance due grew to $36. When Mrs. Jones went to see the doctor again on the 23rd, she paid for the call, leaving the balance still at $36.

The five columns on the right hand side of the card are interpreted from left to right as follows: (1) Dr. Smith's fees for

services rendered to the Jones family during January amounted to $89; (2) he was paid a total of $53; (3) no payments were forthcoming during February, March, and April; (4) the balance due on January 31 was $36; (5) bills were sent to Mr. Jones on the first of February, March, and April.

None of this particular Jones family called on Dr. Smith again until May 2. Then it was Johnny —an office call. Payment was deferred and the balance due became $39.

A metal clip with a red tongue sticking up had been attached to the top edge of the Jones ledger card when the $36 became three months overdue. Such clips provide a convenient means of calling attention to delinquent accounts so that they may be followed up with collection letters or by some other means. Physicians sometimes use different colored clips to denote various stages of delinquency.

Daily Log.—An efficient log does more than merely list professional appointments. It reveals a physician's financial whereabouts at any given time. It is also a clearing-house for special information—personal and professional.

One daily log of proven worth has a page for each day (see below) on which may be listed up to 36 appointments, each to be initialed either "O" for office, or "H" for home. There are seven columns on every page, headed as follows: "Hour," "Name of Patient," "Service Rendered," "Charge," "Cash," "Rec'd on Account." The final column has a check mark at the top of it; a similar check in any one of the spaces directly below it indicates that the financial data pertaining to that patient has been transferred from the log to the patient's financial record card.

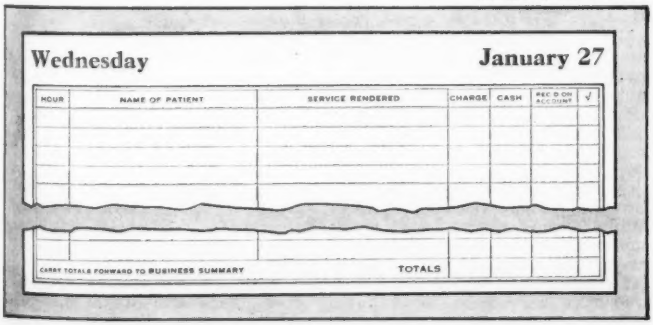
Cancelled appointments are lined out. When a subsequent call is arranged, an entry is made on the appropriate page.

Each day's charges and receipts are totaled at the bottom of the page. The totals are then carried forward to a monthly business summary-page. At the end of each month that total, in turn, is carried forward to the summary-page for the subsequent month.

At the back of the log is an annual summary sheet. It constitutes a month-by-month resume of professional and other income, together with a grand total for the year.

The daily log also records expenses. A monthly expense sheet, headed and spaced to permit an itemized record of expenses, segre-

Courtesy Colwell Pub. Co.


Wednesday January 27

HOUR	NAME OF PATIENT	SERVICE RENDERED	CHARGE	CASH	REC'D ON ACCOUNT	√

Courtesy Robinson Mfg. Co.



Entries in this handy pocket notebook for home or hospital calls are transferred later to the financial and case history cards.

gates expenses which are deductible for income tax purposes from those which are not. At the end of the year, a brief calculation will reveal the net-taxable-income figure.

Special pages accommodate the following miscellaneous recordings: narcotics dispensed, patients awaiting confinement, surgery done, inoculations given and due, and extra-professional appointments.

Pocket Notebook.—Many practitioners find that the easiest way to record home and hospital calls is to take with them the case-history cards of those patients whom they are scheduled to see. A supply of blank cards is taken along also for use when calling on new patients. Financial data can be noted and transferred to the patient's financial record card later.

Other physicians, feeling that record cards are too bulky and require too much shuffling when used for outside calls, compromise by employing a pocket notebook. While almost any type of small notebook can be adapted to professional use, one of the most satisfactory is a so-called live memo pad (see above). It is avaliable in several sizes, but the one shown is 6¾" x 3". Its pages are perforated along the binding and across their face. Thus, each page is divided into four sections, any one of which can be removed, leaving the others in place. These memos cost little and may be bought with a leather or composition cover into which refill pads are slipped.

Appointments for each day are listed in the pad ahead of time, only one being put down in each section. Unexpected calls may be entered as they are made. The perforations-bound sections are large enough to accommodate these essential facts: patient's name and address; notes on diagnosis and treatment; abbreviated prescription data; the amount of the fee and whether it was paid or charged.

Obsolete sections are readily detached from the pad after the facts recorded on them have been transcribed to the permanent medical and financial record cards.

Telephone Calls and Correspondence.—A memo pad placed near the telephone makes it possible for a secretary, wife, or maid to jot down the gist of any professional messages received while the doctor is out. Of course, if a patient telephones to arrange for an appointment, an entry is made in the daily log immediately following the call. The memo pad is used most frequently to inform the practitioner that he is to call the hospital, a patient, or a colleague.

If a steel cabinet of the type already described is employed, there will be plenty of room for filing correspondence with patients, colleagues, business houses, etc. Here, again, alphabetical guides may well be used.

The Complete System at Work.—In order to see how the various elements of this record system are correlated, suppose we follow Dr. Smith through a typical day:

Unless some emergency interferes, he starts off at 8.45 A.M. As he goes through his mail, catches up on his medical read-

ing, writes checks, or attends to any other unfinished business, the secretary enters in his pocket notebook the names and addresses of patients on whom he is scheduled to call. She finds these names and addresses simply by referring to the daily log. The pocket notebook is then handed to Dr. Smith just before he leaves on his appointed rounds.

Some time later office hours begin. The secretary announces to the doctor that Mrs. Jones is waiting in the reception room, and hands him the latter's medical record card. After he has had a chance to glance briefly at it, Mrs. Jones is ushered into his office. He is ready to greet her with an appropriate remark inspired by his quick perusal of her record.

It develops that Mrs. Jones is pregnant. Accordingly, Dr. Smith takes a salmon-colored obstetrical card from a desk drawer in which he keeps his supply of record cards. After filling in the necessary data, he slips the new card into the folding card and places it in a tray on his desk. (At the end of the day, his secretary will attach the new card to the folding card, by means of the cotter pin, and then file it away with the day's accumulation of case histories.)

Before Mrs. Jones leaves the office, the secretary finds out from her when she would like to have her next appointment, accepts cash for the call, or arranges for future payments. These details are entered promptly in the daily log as soon as Mrs. Jones has been given an appointment card and sent on her way.

The same procedure, adapted to the individual case, is followed for other patients throughout the office-hour session. If time permits during office hours, the opportunity is taken to return medical cards to the file, to transpose financial data from the daily log to the financial cards, and to bring income-and-expense tabulations up to date.

True, Dr. Smith's office girl makes the operation of his record system that much easier. Nevertheless, it may be handled equally well by a physician who has no secretary.

Diagnostic Index.—The cross-indexing of interesting cases is not an essential part of a record system. Nevertheless, since such an index can be combined readily with the plan described here, and since it lends value to a practitioner's records, it is worth detailing.

The illustration on page 22 shows a card headed, "Diagnosis Keyguide." Close to its left-hand side is printed a column of num-

Hygiene to Have Its Day

Plans have been announced by the American Social Hygiene Association, of New York City, for a national social hygiene day to be held on February 3. The occasion will be marked by meetings all over the country under the sponsorship of state and community organizations interested in the control of syphilis, gonorrhea, and other social hygiene problems. It is reported that the project is to be launched with the approval of health authorities and the medical and allied professions. Current plans include the possibility of a nation-wide radio hook-up over which addresses from government officials and civic leaders will be broadcast.

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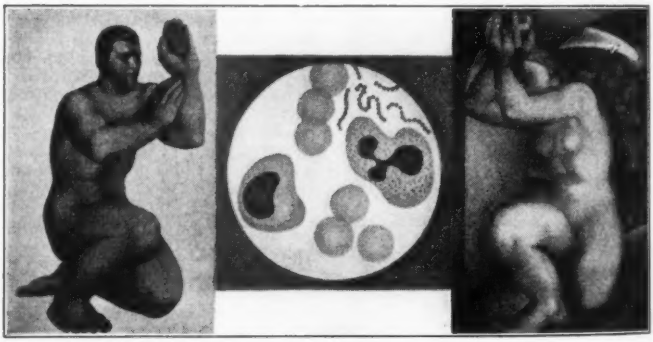
bers. After each number appears the name of a medical condition (e.g., ca. of stomach, arthritis, pneumonia, appendicitis). Each medical record card in the file which describes a significant case has a little yellow tab straddling the raised part of its upper edge (see page 23). All similarly numbered tabs are in a line from the front to the back of the file drawer. That is brought about by having the raised part of the folder card marked off in squares the width of the tabs, and numbered from one to nine.

If on the diagnosis keyguide "ca. of stomach" is identified with the figure 1, every medical record card with a tab marked "1" concerns cancer of the stomach. In this instance, tabs marked "2" have been used to signal arthritis cases; tabs marked "3", cases of pneumonia.

When nine diseases have been listed on the keyguide, additional ones may be identified as 1-1, 1-2, 1-3; 2-1, 2-2; etc. Yellow tabs are used in this instance to denote diagnoses. Tabs of different colors may be used to indicate operations, pathological findings, etc.

The advantages of this diagnostic index are self-evident. By means of it, a practitioner can call upon his own experience when confronted by a familiar disease in a not-so-familiar form. Also, it can be extremely helpful in preparing medical papers.

Medicine, as a WPA Artist Sees It



FROM NOW ON, when proceedings drag in the medical board room of New York's Lincoln Hospital, members of the board will be able to ponder art in the form of a mural, "The Historical Conception of Disease." Eric Mose is its artist; the WPA Federal Art Project, its patron. Gazers will be awed, puzzled, amused, or impressed by an heroic figure of a Greek youth, kneeling and holding his pulse as he symbolizes the Greek view of medicine; by red and white blood corpuscles enlarged microscopically and arranged in abstract design; by a kneeling female holding a cross before a Romanesque arch to symbolize medieval medicine. Two rats, frisking at the lady's feet, represent the plague that ravaged Europe in the Dark Ages.

State Medicine Nears

PART II.— STRAWS IN THE WIND

By William Alan Richardson

● Chairman John G. Winant, of the Social Security Board, has declared himself opposed to any delay in carrying out the provisions of the Social Security Act. He expressed the hope last month that the Act would soon be broadened and that health insurance, the third leg of the social security tripod, would be recommended at the present session of Congress. He said he anticipated that the board would have a report on health insurance ready for Congress, but added that it was seriously handicapped by lack of funds in pursuing its study of the subject.

● It has been rumored in other quarters that the alleged study of health insurance now being made by the Social Security Board is no more than an "effort to remove the monkey-wrenches from the Sydenstricker report so that it will be acceptable to Congress." That report, it will be remembered, was prepared about two years ago under the auspices of the President's Committee on Economic Security. It was never made public.

● President William Green, of the American Federation of Labor, declared on December 19 that he would ask Mr. Roosevelt to establish a federal commission to recommend health insurance legislation for inclusion in the social security program.

"We made attacks on all forms of the major causes of social insecurity—accidents, sickness, unemployment, old age—without developing a unified or comprehensive program until 1935, when the Social Security Act was passed," Mr. Green said.

"It seemed expedient at that time not to include health insurance. But sickness is an increased cost which bankrupts many families; and no program for social security is completed without provisions for sickness."

● The New York *Herald-Tribune* of December 1 carried the following common-sense editorial: "... those persons who would rather have the government take any difficult problem off their minds and solve it expensively and inefficiently than think and work it out for themselves clamor at once for compulsory health insurance under federal control. Accepting such propaganda as a challenge, the medical organizations become so bitterly (if justly) critical of every compulsory insurance scheme—and are so much on the defensive—that they appear in their publications to be taking a let-well-enough-alone attitude. Against socialized medicine in every form that has been tried abroad, they argue from abundant data that it constitutes an enormous tax burden, that it lowers the quality of medical care for all, that it does not improve public health and that it forfeits through perfunctory, impersonal treatment the confidence of those very elements in the population which it is designed to benefit.

"These objections, when examined in detail, are enough to line up the average conservative

American layman behind the medical profession in its hostility to compulsory insurance. *But mere hostility is not enough.* The gap in medical care must be studied and a sound remedy devised. Otherwise the socializer who has the bit in his teeth, will prevail. To save the medical profession and the nation from the affliction of another European institution, about as well suited to our temper as peace-time conscription, it seems to us that the doctors will have to consider forthwith how medical, nursing and hospital service can be rapidly extended in conformity with the public interest and with their professional ideals."

● A chief of Health Studies has just been appointed to the Bureau of Research and Statistics of the Social Security Board. He is Isadore Sydney Falk, Ph.D. Prior to his current position with the government, Dr. Falk was employed at various times by the University of Chicago, the Chicago Department of Health, the Committee on the Costs of Medical Care, the Milbank Memorial Fund, and the President's Committee on Economic Security.

Among his writings are a number of articles on the "inadequacy" of medical services under private practice, including an eight-page pamphlet, "Formulating an American Plan for Health Insurance," which was distributed in 1934 by the American Association for Labor Legislation. Dr. Falk was also co-author of several publications issued by the Committee on the Costs of Medical Care. James Rorty, communist writer, describes him as an outspoken and effective advocate of health insurance.

Dr. Falk's stand on the question of socialized medicine is revealed in the following quotations:

"The people need substantially larger volumes of medical service than they now receive; this applies equally, if not with greater force, to the well-to-do and the rich as to the poor and the very poor. The need for medical care is not adequately met by the current utilization of medical practitioners and societies. Ignorance, apathy, financial difficulties, and the lack of integration among medical practitioners and institutions are all compounded in the barrier which stands between the need for medical care and its receipt."[1]

"If the provision of medical care is to be extended to accord more nearly with the people's need than is now the practice, and if the costs are to be met, a broader use of tax funds seems inevitable."[2]

Acme



ISADORE SYDNEY FALK, Ph.D.
"The need for medical care is not adequately met..."

● Walton Hale Hamilton, chairman of the Bureau of Research and Statistics of the Social Security Board, has expressed himself on the subject of socialized medicine with even greater clarity than his aide, Dr. Falk. The fol-

[1] *The Incidence of Illness,* by Falk, Klem, and Sinai, 1933, p. 247.
[2] *The Costs of Medical Care,* by Falk, Rorem, and Ring, 1933, p. 587.

lowing excerpts are from a statement by Mr. Hamilton which are included in the final report of the Committee on the Costs of Medical Care:

"Although 'the personal choice of physicians' is an excellent idea, it does not, under current conditions, work well in practice . . . compulsory health insurance is the very minimum which this Committee should have recommended. Its irregular incidence, and the practical difficulties in the way of budgeting, make necessary some type of collective provision against sickness . . . service should be available to all, either without charge, or upon the payment of a small fee designed to prevent frivolous use . . . all services would be dispensed from a medical center . . . a small town with the surrounding country should have a single center; a larger city might have a number. Each should be organized as a corporation; the board of trustees, which legally is to have formal authority, should be composed of laymen . . .

"As the Report phrases it, the adventitious system upon which we depend for the maintenance of health is a 'challenge to the future.' Whether we allow the prevailing system to go its undirected way or whether we attempt to impose order and purpose upon it, we must take a chance . . . the disorder and the diversion from purpose which characterize it make the current organization of medicine an insecure foundation on which to build an adequate and an enduring service . . . the haphazard system of private medical enterprise is a luxury we can not afford."

• To the Social Security Board last month went the following letter from the president of a leading state medical society. Similar letters are also being dispatched to members of Congress and to the White House:

"The medical profession of ——— has read with considerable interest the announcement that a study of health insurance is to be carried out by your board. We desire to cooperate with you in any survey that you make, and believe we can assist effectively.

"We are ever mindful of our responsibility to provide our people with the best possible medical service at reasonable cost. To that end, you will find us receptive to new methods for service distribution, provided they adhere to the basic tenets of better medical care.

"In a general way, the profession is opposed to health insurance for the reason that it believes such measures result in a system of inferior medical service at no saving in cost, and place physicians under the supervision and control of a lay bureaucracy, as has been done repeatedly in those countries where it has been introduced.

"Physicians are quite willing to admit, however, that there is real need for a better distribution of medical service to the low-wage earner and to the indigent. This group is no longer a small by-product of society which can be cared for gratis by the medical profession. At times, demands of these groups for free medical service reach the proportions of a Frankenstein. We do not wish to be obstructive in any movement which provides serious consideration of the public welfare, and you will find us more than willing, to assist in a carefully-planned study of ways and means to deliver better medical care.

"In the health provisions of the present Social Security law, our medical society has cooperated wholeheartedly. We believe that our program for public health, maternal welfare, child health, crippled children, and venereal disease is at least on a par with that of any other state, and in this program the medical men of ——— are taking a most active part.

"We offer our assistance in conducting a study of health insur-

ance needs and their application in ——— and can assure you that we are organized to take an active and effective part. We are ready to experiment in specific projects or plans which you might propose.

"Finally, we respectfully urge your board not to endorse any plan for health insurance without careful study in which the medical profession will be given a full opportunity to participate, criticize constructively, and evaluate."

Name, Please!

A man's name may have been the "jewel of his soul" to Shakespeare. But it can prove a bitter pill to the physician if he gets it incorrectly from the patient.

I was thinking, over my shaving mug this morning, about that fellow who read his telephone book all the way through last month. He discovered thirteen different varieties of Smith, 22 Baileys, 29 Snyders, and 36 Baers. Then he decided to find out how many surnames "A" stands for. By the time he got from Aaron to Axelrod, a fit of yawning seized him; so he started to list names that sounded alike—Erwin, Irwin, Urwin, Erwin, Irvin. Now the Bureau of Missing Persons is hunting for him.

Our friend proved one thing anyway: that O'Brien is not always O'Brien; it may be Haute Brion. The same name may have as many spellings as it has pronunciations. Mrs. Kincade often gets letters addressed to "Kinkad" or "Kurcode"; once, she confided slyly to a group of friends, she even got one marked "Mrs. Tincan."

Consider for a moment some of the consequences of being tricked by a name.

A patient appears on your records as J. Meyer. He moves to another town or state, leaving an unpaid bill of $78 and no new address. Naturally, you want to follow him up. To your chagrin, you find that it's important to know whether the name is Meyer, Myer, Meier, or something else. You're told that if you don't know, you can help by telling what the initial J. stands for. With that, you swallow hard and cross the $78 off your books. Even if you had wanted to phone Mr. Meyer, or whatever his name is, when he was living in your community, you would have had a fine time trying to connect the initial J. with one of the dozen varieties of Meyer listed in your directory.

How do you like to see your own name misspelled? Of course, you don't begin to go slowly to pieces if someone writes to you as Dr. Andersen instead of Dr. Anderson. But take Mrs. J. T. Montague-Holland. She's said to have had a society editor fired for spelling the last of her name Howland and omitting the hyphen.

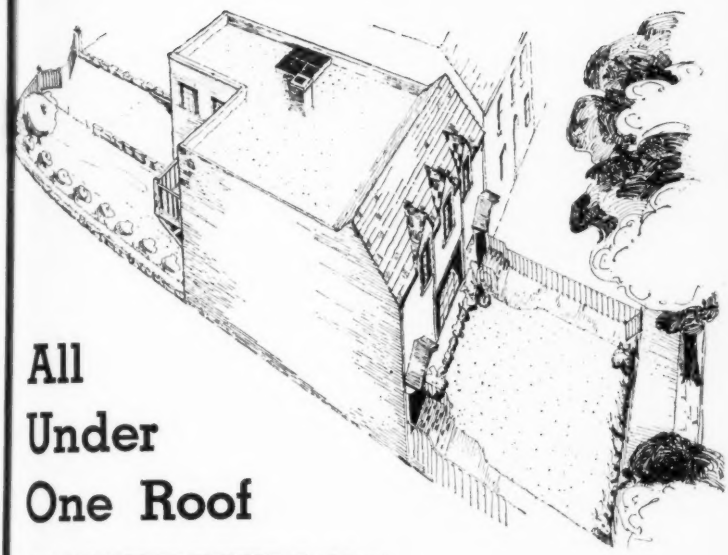
We can't all be like that disturbing character in the advertisement who was always able to triumph with "Of course I remember you! You're Mr. Addison Sims, of Seattle." It's too bad, too. Patients are warmed when you greet them by name after you've seen them only once. And that has its effect in making them want to return.

When recording a patient's name, do you write it as it sounds? Don't. Ask how it's spelled. Find out, too, what the initials stand for.

If the name is an involved one, take this additional precaution: Ask its owner to check your spelling of it. A number of physicians even go so far as to ask waiting patients to fill in part of their own history cards.

A final thought: Out of every hundred people delinquent for between one and two years, sixty can not be located. How many of the lost or strayed could be found if their correct names had been recorded in the beginning?

—GEORGE SLOAT STEEL



All Under One Roof

By J. HOWARTH YOUNG, Architect

TRYING to do the impossible gets many an architect into a lather; causes some to go completely mad. Of less hopeless proportions than other puzzles I have come across, yet a brow-wrinkler for all that, is the problem of designing a physician's home-office that will reflect some charm and friendliness and not look too much like the hybrid it really is.

The sketch and plans reproduced here were made to sidestep that difficulty as neatly as possible. They combine an inviting exterior with an interior that permits maximum privacy and convenience. Office and home are entirely apart. Separate walks on opposite sides of the front lawn lead to the two suites, so that family and patients may come and go without bumping into each other all the time.

This building is designed for a 25' x 100' lot which faces a business street and backs on a service alley. As shown here, the front is brick; but if the building laws permit, the design may be executed effectively in wood siding, painted white. Asbestos board siding painted to simulate wood can also be used; this is fireproof, and so within the building code requirements of most cities.

The sketch shows the building set back twelve feet from the

"I'm interested in putting up an inexpensive two-story building on a 25' x 100' inside lot, with offices on the first floor and living quarters on the second. What can you suggest?" To the many readers who have asked this question in one form or another, Mr. Young points the way.

sidewalk line; but this arrangement is entirely arbitrary, for it may be placed right on the lot line. The front lawn—close-cut, with a minimum of shrubs—is enclosed by a wrought-iron fence, with gates as entrances to the two brick walks. The back lawn is enclosed by a five-foot cypress fence with large square posts and wide boards set a few inches apart. Gates lead to the gravel drive and to the brick walk to the rear entrance. It is advisable to landscape this yard with bayberry hedges and deciduous shrubs rather than with large trees which would cast heavy shadows.

You will note that the house is built to the lot line on the sides. No side windows are permissible as there is a possibility that buildings may be erected on the adjacent lots.

The reception room inside, large enough to accommodate sixteen people, has been placed at the front with a door close to the entry. A door in the rear of this room opens into a corridor from which, almost opposite, another door leads into the consultation room.

The consultation room is large enough for a desk, chairs, files, and bookcases. The closet and private toilet are added conveniences.

The examining room at the rear of the building connects with the consultation room. It is large, well-equipped with sink and cupboard, and has plenty of light.

From the rear hall you can go upstairs to the living quarters, outdoors to the back yard, or through the basement into the garage.

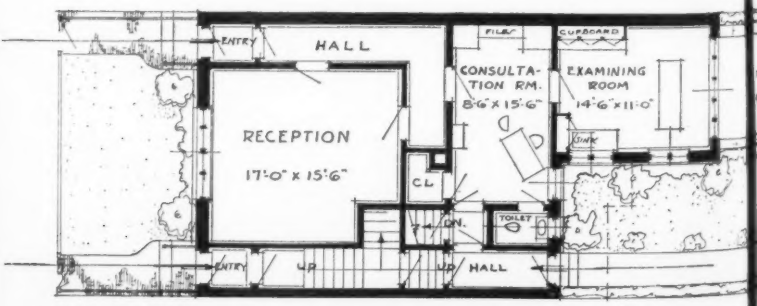
The basement location of the garage deserves mention. It is beneath the examining room. By this arrangement the physician and his family can reach their car without coming into contact with the patients, and without exposing themselves to bad weather. Moreover, placing the garage in the basement means a saving on the cost of construction; for at least a four-foot excavation is necessary beneath the house to take care of heating pipe returns and to provide an air space. The additional excavation necessary for the garage costs far less than would a separate building.

The basement has a concrete floor throughout. A boiler room is beneath the rear hall. The rest of the basement need be excavated only to the four-footed depth mentioned.

•

Now the living quarters.

Although these may be reached from the first floor by means of steps connecting the stair landing with the rear hall, the main entrance is a separate front door on the opposite side of the house from the office door. If necessary, a telephone connection can take care of any after-office-hour calls at the office entrance. It will be



Sketches by the author

seen that the living suite is assured of complete privacy.

The entire front of the second floor has been given over to a large living room. This has three dormer windows, but as they are at the front they do not reduce the inside width of the room. The eaves of the roof are high enough and the pitch steep enough to give six feet of headroom at the wall.

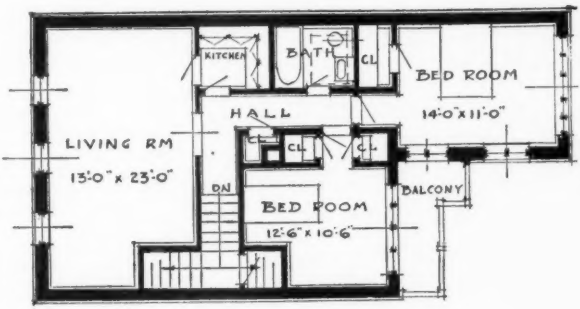
The plan calls for no dining room, since the trend nowadays in small apartments, where floor space is valuable, is to devote a corner of the living room to dining purposes. With this in mind, the kitchenette has a door opening into one end of the living room.

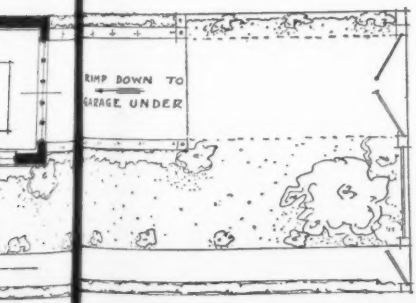
The bedrooms have been placed at the back, entirely away from the living room. You will note that they have ample closet space. Most families will welcome the large balcony which opens from these rooms. Overlooking the backyard, it makes a pleasant place for lounging and sun-bathing.

The bathroom, ventilated and lighted by a flat skylight, is conveniently located near the bedrooms, yet it may be easily reached from the front of the house. This is convenient for guests.

Next a word about construction details. The front wall, as shown, is brick. In order to meet most fire-law regulations the side and rear walls must be masonry. Bricks are the most satisfactory medium.

I strongly recommend that the floor construction downstairs be





Left: First floor plan showing the arrangement of the office suite. Above: The living quarters on the second floor.

concrete slab. The space can be made small, the steel work bar-joist where laws allow, or of light I-beam sections. Such a slab furnishes a perfect underbed for linoleum in the reception room, consultation room, toilet, and hall, and for mastic tile in the examining room. It pays for itself in lower insurance rates and makes it easier to obtain a building loan.

The second floor slab may well be of concrete, to receive wood floors in the living and bed rooms, and linoleum in the kitchenette and bath rooms.

In most states if the flat-deck roof be constructed of tar and gravel with membrane on a wood base, and if the pitched roof be of slate on wood, the second-class construction law will be satisfied. Because of the expense, it is hardly worth while in a building this size to make the job first class throughout, with terra cotta partitions, metal stairs, and concrete roof. However, the difference in cost between a second- and a third-class building is so small that I do recommend a second-class one.

The first floor height is eight feet; the second floor, seven and a half feet. This allows three feet or more of dead-air space beneath the roof for insulation, without raising the ridge line too high. Loose wool or quilting is strongly urged for insulation in this air space, to protect the living quarters from midsummer heat.

The windows on the front are wood, double-hung, with full weather-stripping; the windows on the rear, metal. A satisfactory arrangement is a factory-type of window on the first floor and a casement type on the second.

The cost of such a building, with landscaping, should not amount to more than $8500. Probably the lot will not cost over $1500; which makes the total investment about $10,000.

In order to fulfill requirements for an F.H.A. loan the floor space devoted to professional use must not exceed 25% of the total. This entire design does not cover more than 35% of the lot, so you are safe there.

Loans are granted when the owner has a 20% equity, which may be covered by ownership of a lot of sufficient value. Loans are granted over a period of twenty years, with monthly repayments, plus 5% interest, plus ½ of 1% for insurance, amortization, and possible foreclosure costs. This ½ of 1% is returnable at the end of the loan in the form of a reduced period of payment. Thus, the term will be shortened from 20 to 17 years if all payments are made promptly.

Roughly speaking, the building which I have described here can be carried with an F.H.A. loan by a monthly payment of $80. This covers insurance, taxes, and repayment. After the loan has been in force ten years, the monthly expense may be reduced by refinancing the loan and spreading it out over an additional term of five years or more.

Patient-Collector

Most wage-earners in my town get paid on the same day every two weeks. That makes the following collection wrinkle productive.

One of my patients who is extremely poor is in need of constant medical advice for which she can not pay cash. We square accounts thus: When the town pay day comes around, she calls on a selected list of my debtors to collect what she can for me. In return, I give her a 25% credit on her own unpaid account. As a result, her obligation to me is being discharged and many of my delinquents are contacted personally at a moment when they are most prepared to pay.—*F. F. Schwartz, M.D., Fairport Harbor, Ohio.*

MEDICAL ECONOMICS *pays $3 for each practical idea submitted and published.*

Lights On!

By ROSS VON METZKE

Don't compel yourself or your patients to grope around in a twilighted office when good illumination is so readily available and so inexpensive, says Mr. Von Metzke. The author is resident architect of the Menninger Sanitarium in Topeka, Kansas.

YESTERDAY I visited a friend who is an ophthalmologist. When I reached his office I found him busy, so I sat down in the reception room to wait.

While I waited, I read one of the magazines from his table. Or, rather, I attempted to read it. The lamp beside my chair was so weak and so inefficient that it was only by holding the magazine close to my eyes that I could read at all. To make matters worse, the light in the center of the reception room ceiling glared into my eyes from above.

Strange, I thought, that a man devoting his time to the treatment and care of eyes should be so negligent in providing good lighting for his visitors and patients. I could only conclude that like too many busy practitioners he had not taken time to consider the important matter of office lighting.

The first step in modernizing the lighting is to survey the office or suite. Go outside in the hall. Is the corridor gloomy? Perhaps the landlord can be persuaded to install a brighter fixture outside the door. Is the sign on your door hard to read? If it is, it can probably be illuminated in some way.

Go through the office or suite in the same critical manner and make out a list of the points where the lighting is either badly placed or too weak. Your local electric light company probably has a light-meter it will lend you. This light-meter will give you the foot-candle intensities at any point in your office.

See that the lighting measures up to these minimum standards:

Hallways 15 foot-candles.

Reception rooms* 10 foot-candles.

Laboratory tables 50 foot-candles.

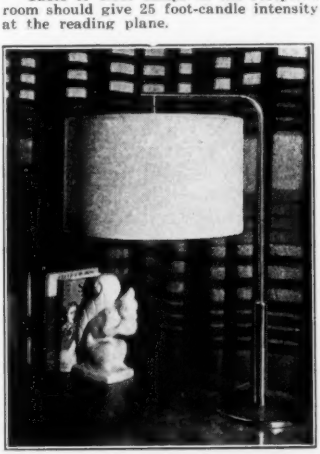
Private offices 25 foot-candles.

Examination tables 150 foot-candles.

Storage rooms 10 foot-candles.

[*Turn the page*]

*Table or floor lamps in the reception room should give 25 foot-candle intensity at the reading plane.



Proof that attractiveness and efficiency in a table lamp can go hand in hand.

Lighting can be modernized most easily at the same time the office is remodeled or redecorated. If the office is to be repainted, be sure to use a flat, light-colored paint on the ceiling. Gloss paints tend to create glare.

When rooms are enlarged or the room shape altered it will frequently be necessary to move the ceiling light in order to bring it to the center of the room. If the ceiling is a solid concrete slab this will involve considerable tearing out and patching of concrete and plaster. Perhaps the ceiling light can be eliminated and an indirect floor lamp substituted. Or a direct-indirect table lamp used.

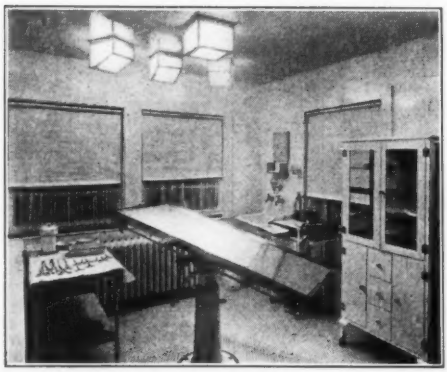
In remodeling work it is often necessary to provide additional outlets for floor and table lamps, telephone and apparatus connections. A hollow metal baseboard recently introduced on the market may well be used in such a case. This hollow baseboard is arranged to carry electric telephone and signal lines. Outlets may be tapped in at any point. It is extremely important that sufficient capacity be provided for all future needs. The baseboard suggested will take care of any subsequent expansion.

The correct lighting of examination and treatment rooms requires a knowledge of available equipment. Two efficient lighting fixtures which have been designed especially for treatment and examination tables are shown in the photographs with this article. One of these fixtures and a portable floor lamp for good oblique or cavity illumination will be all that is required for perfect lighting. The floor lamp should throw a powerful beam for at least five feet so that it may be set well away from the table and not hamper the doctor's movements or bother him with its heat.

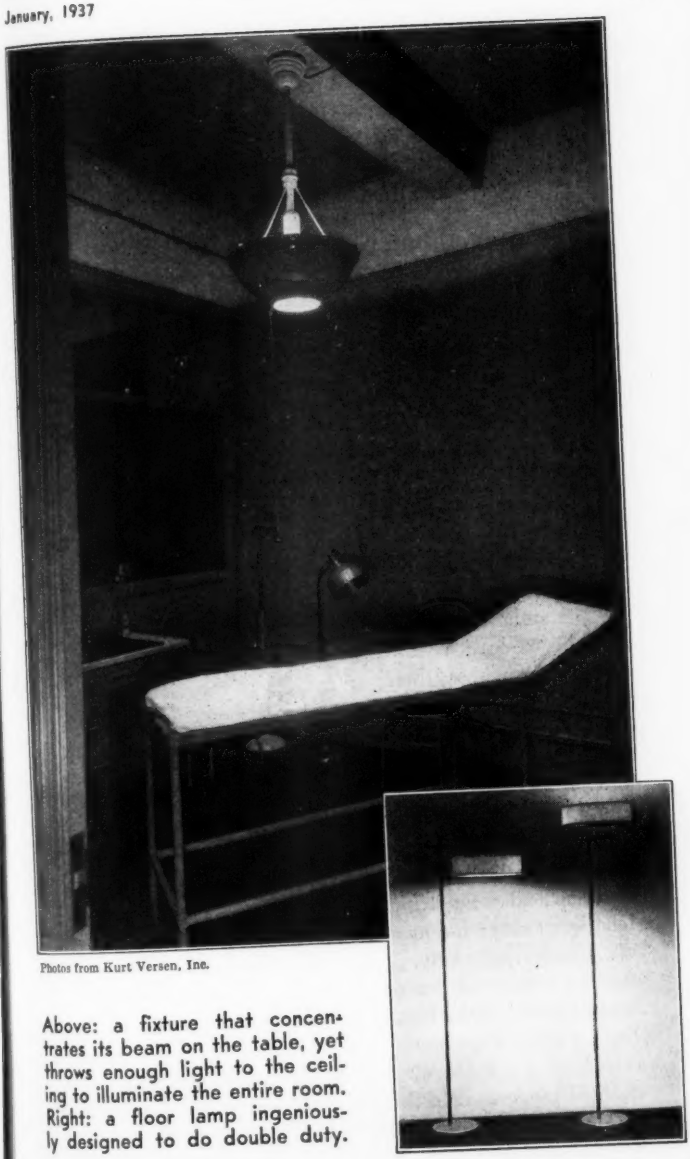
In modernizing the office lighting remember that light intensity is only a third of the problem. Glare and shadow must also be considered. These two difficulties can be overcome by a good diffusion of the light. Indirect or semi-indirect fixtures will scatter the light and eliminate deep shadows and sharp glare.

Remember also that in most cases a lighting fixture is meant to provide light and not to look like a candle or a gas mantle or a lantern. Simple fixtures with high efficiencies and easily cleaned surfaces are usually to be preferred to one of those adaptations of older lighting fixtures.

Lighting modernization need not be either expensive or difficult, and may be carried out as the budget allows. It is sure to pay dividends in increased comfort and efficiency for yourself and your helpers. And your patients will appreciate the cheerfulness of good lighting in both the reception room and the work rooms.



Left: a ceiling fixture that diffuses light equally to all four corners of the operating or treatment room.



Photos from Kurt Versen, Inc.

Above: a fixture that concentrates its beam on the table, yet throws enough light to the ceiling to illuminate the entire room. Right: a floor lamp ingeniously designed to do double duty.



Something New in Directories

ANOTHER of those problems about which "something should be done" involves the haphazard way in which patients select their physicians. A doctor may be chosen for any one of a hundred different reasons. Mrs. Smith picks hers because she likes his manner; Mr. Jones follows the recommendation of a neighbor. Seldom is selection based on the doctor's scientific attainments.

Yet the layman is not entirely to blame. He lacks the facts with which to make an intelligent appraisal. The best he can do is to rely on hearsay.

Public dissatisfaction with this condition is revealed by the author of "Choosing a Doctor Blindfold" (page 73, this issue). Whether the reader agrees with everything said in the article, or not, he is forced to admit the soundness of its fundamental argument: The public does *not* have facilities for judging physicians properly; and it is up to the profession to see that such facilities are provided.

What the situation calls for, as the article points out, is a directory in each community of registered physicians, published under the auspices of the county or state medical society. In it should be details about every local physician; his name; address; telephone number; office hours; specialty, if any; age; medical school attended; number of years in practice; languages spoken; hospital, medical society, and other affiliations; and, perhaps, postgraduate work done and scientific honors received. Space ought also to be allotted for explaining medical terms used in the directory, the functions of the

several types of specialists, and what membership in the various professional organizations means.

Directories of physicians are already available, of course, in some communities; but they incorporate scant information of use to the layman in selecting a doctor. Moreover, they are not circulated to any appreciable extent among the public.

Every household should have a directory of the type recommended. Copies ought also to be distributed among hospitals, drugstores, libraries, and other centers from which the public seeks advice.

A distinct advantage of these directories lies in their potential ability to steer people away from cultists and quacks. The cultist succeeds because he can publicize his qualifications; the physician suffers because he can not. The directory suggested would help overcome that difficulty.

Besides affording blanket publicity for all physicians in a community—which no *individual* could ethically secure—these directories would also prove a stimulus to the average doctor to keep abreast of professional progress. The physician who had made a conscientious effort to improve himself would have a legitimate way of making that fact known.

The expense of publishing these community-doctor directories would be slight. Take a specific example: In a city of 50,000 population there are about 12,000 families and 65 physicians. A directory of these 65 men, plus the explanatory data required, need not consume more than six pages. The cost of printing 12,000 copies on good quality paper would probably not exceed $70; postage (at 1½¢ per copy) would amount to $180. Total: $250, or less than $4 per physician.

The idea, we feel, has interesting possibilities. Why not give it some thought and broach it for discussion at your next society meeting?

H. Sheridan Baketel

XUM

Here Come the Cooperatives!

By JAMES PETER WARBASSE, M. D.*

Cooperative medical service is the goal of 12,000 consumers' societies in this country, says Dr. Warbasse, president of the Cooperative League of the United States.

HEALTH is more a matter of economies than of medicine. Give people adequate incomes, wholesome food, salubrious housing and environment; free them from the heart-depressing worries of the day; then make possible access to education and cultural influences; and more has been done for health than medicine itself can offer.

I have seen communities of people organize first to supply themselves with foods. Then when their food-store business had succeeded, they expanded into clothing. Next into house-furnishing goods. And finally into the field of other needs.

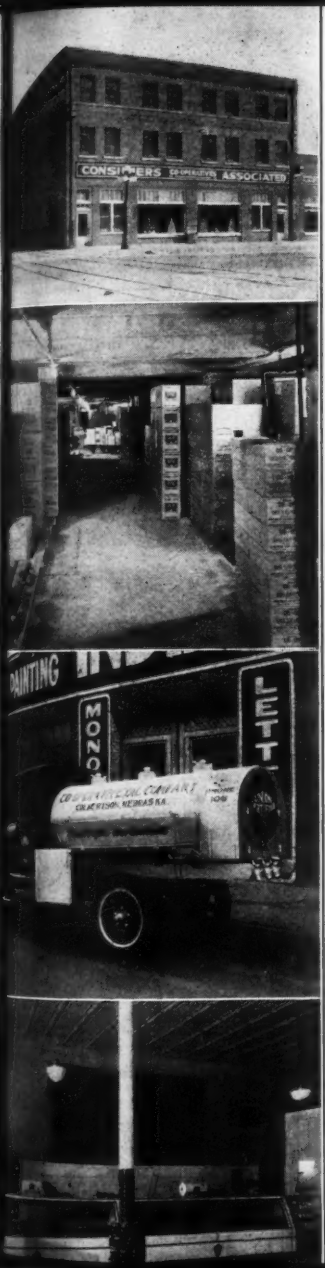
I have seen these cooperatively organized consumers, step by step, develop their own creamery and pasteurizing plant, bakery, restaurant, coal yard, gas station, and picture show. I have seen them create their own banks, insurance companies, housing and recreational centers. And then, federated with similar societies, I have seen them establish manufacturing industries for producing not only their foods, but also every other needed commodity.

From the palace of the king in Stockholm one can view a great flour mill. It was once owned by a milling corporation. It failed. Now it is the largest flour mill in Sweden, owned by the Swedish Cooperative League, the national federation of consumers' societies. When this mill was making flour to sell by means of advertising and salesmanship, it failed; but now while producing flour only for use by the people who own the mill, it succeeds. The flour is of better quality than before, the farmers are paid more for their grain, labor in the mill receives higher wages, and the users get the flour at a lower cost. What is more significant, these people are learning how to carry on business together in a spirit of mutual aid.

This instance is cited because it concerns the health of the people. It is an example of what is happening in forty countries of the world. There are 250,000 such consumers' societies, all moving in the same direction; in our own country we have 12,000. All these societies are concerned with the problem of developing cooperative medical services.

Cooperative medicine is medicine controlled by patients. The people who pay the bills, who need the services, who have to do the suffering and the dying are responsible. In cooperative busi-

*NOTE: In its capacity as an open forum, MEDICAL ECONOMICS takes pleasure in offering this provocative article. The editors do not, however, subscribe to the principles and theories which Dr. Warbasse sets forth.



ness the employees are better off than employees in competitive business; so, too, it would seem, are the doctors employed in co-operative practice.

The supply of medical service in the world today is subject to the same economic conditions as affect the supply of other services and commodities. In the United States it is dominated by the profit economy. This system has developed great capacity to produce, but the nature of the method so curtails the purchasing power of consumers that the majority have but meager access to the services and commodities which they need and which *could* be supplied in abundance.

The conditions which produce nine million unemployed and place eighteen million on relief are precisely the conditions which place the majority of the people in the United States outside the zone of adequate medical service. The fact that 38% of our population receive no medical care at all when incapacitated by disease is a small part of the story. The important fact is that only a minority of the rich—namely, the intelligent rich—enjoy the full advantages of the art and science of medicine.

The oft-repeated statements that "any one in the United States who wants medical service can have it" and that "the poor get as good treatment as the rich" are made by the same apologists for the prevalent economic system as also assert that "the poor are poor because they deserve to be poor." Even were these contentions so, when the poor man leaves the doctor's hands the worst of his diseases—his pover-

Left, from top to bottom: a cooperative store in Amarillo, Texas; a warehouse for co-op groceries in North Kansas City, Missouri; an oil truck tank belonging to the Cooperative Oil Company of Culbertson, Nebraska; and the interior of a co-op food store in Superior, Wisconsin.

XUM

ty—is still uncured.

Doctors under the prevalent economy must be kept scarce for the same reason that coffee, wheat, oranges, and potatoes are kept scarce; or the business fails. In the presence of these conditions, The American Medical Association is urging medical colleges to produce fewer doctors. I think the medical profession is capable of rising above this played-out economy of scarcity, of taking a positive leadership, and of showing society how it may organize itself to employ doctors.

The medical profession has always followed the current course of business. But this course is now taking it into a bad situation. As business fails to function effectively, the government steps in and regulates, assists, subsidizes, controls, and finally takes over and administers. What is to be seen in banking, railroading, shipping, and many other industries is to be observed also in medicine.

That governments everywhere are employing doctors, dentists, and nurses to give free treatment to citizens is not the result of socialist propaganda, but is due to the ineffectiveness of the profit method of supplying these services. The world has gotten itself into a good deal of a mess by addressing itself exclusively to profit and disregarding the interests of consumers.

The people who need medical care have not gotten it because they have not organized for that purpose. All attention has been bestowed upon "the worker at the point of production"—the doctor and his income.

It is an interesting fact that when consumers have had something to say about medical service, results have been improved. When the medical colleges in the United States were owned and administered by doctors, they represented a low grade of medical education; and those still in that catalog are the worst we have. The high-grade medical colleges today are financed and controlled by laymen. The same is true of hospitals.

I am not unmindful of such excellent institutions as the Mayo Clinic, privately owned by physicians. But there is no guarantee that their high standards will continue after the control of their founders disappears. If we may judge by the fate of such institutions in the past, they are destined to deteriorate into commercial ventures, or they must be taken over by some foundation representing the public interest.

If the subject is approached from the workers' standpoint, the



JAMES PETER WARBASSE, M.D.

After taking his doctor's degree at Columbia University, Dr. Warbasse practiced surgery in New York for 25 years. He founded the Cooperative League of the United States in 1916 and has been its president ever since. The year after the Armistice was signed he retired from surgery to give all his time to the cooperative movement. He has written a multitude of books and articles on the subject and has lectured throughout this country and Europe. The organization of which he is president is a member of the International Cooperative Alliance.

question is: How can doctors get better incomes? If it is approached from the consumers' standpoint, the question is: How can patients get more doctors? Here are two utterly different philosophies. We know that the first is failing.

Patients secure better access to medical service through the instrumentality of the state and the voluntary cooperative method. The former comes about through remissness on the part of doctors and patients. If they do not move toward social organization to set up a mechanism to bring themselves together, the state does the job. That is what the state is for: to take up the slack in such situations, to gather up the wreckage of the competitive system, and to keep things going in the interest of the dominant elements in society.

State socialization of medicine is coming as a result of indifference on the part of the people most concerned. It brings medical service to those not served without it. Its advantages, in the absence of anything better, are obvious. It possesses the disadvantages inherent in the expansion of state functions and in the impersonal mechanization which characterizes governmental services. I myself look with dread upon the expansion of centralized government in any form.

Cooperative medical care represents non-political service in the interest of patients. It is to be seen in Denmark as the prevalent method of medical practice. Jugoslavia, Sweden, and many other countries are steadily developing it. In Holland there are consumers' cooperative health societies with as many as 122,000 members in a city of less than four times that population.

In the United States enlightened physicians are advising their patients to organize themselves into cooperative health societies and to employ a physician on a salary basis. These societies are developing in all parts of the country.

Cooperative medical service can begin with a few people pooling their resources of funds and ideas, each making an annual payment to employ a physician to protect his health. These people pay the doctor in advance. They stipulate something which his other patients do not enjoy: that he be employed for the special purpose of *preventing* sickness.

The medical profession with all its knowledge does comparatively little in the way of preventing disease. As it is now organized, its prosperity depends upon the abundance of sickness. The 161,000 doctors in the United States are earning their living from the less than 2% of the population who are sick. The 98% who are well are more important and should be enjoying benefits of medical science which they scarcely see.

Under the cooperative method, the physician calls once a month at the homes of members to discuss their health problems. He makes examinations, is on the lookout for the premonitory signs of disease, and prescribes such preventive measures as are indicated. In the ordinary diseases he stands by to do the necessary things to help the patient recover. He is both the physician and the friend of the patient. When advice or treatment is needed which can be given better by some specialist, the family physician sees that the patient gets this benefit.

The cooperative method really begins when a group of 150 to 500 families unite to employ a physician full time. The number of people necessary and the costs depend upon their ability to pay. Physicians are entering into this arrangement for salaries varying from $3,000 to $7,000. One such cooperative group considers the family as the unit of membership (man and wife and any number of children under 21, living at home). Payments are made quarterly, with penalties for delinquency. Each family pays at the rate of $3 a quarter, 5c of which

is for administrative expenses. Individual members pay $1.95 a quarter.

The ideal organization consists of groups of 150 to 200 families in close relation. Each group has its family physician and is organized around the township or county seat where there is a hospital. When twenty or more of these neighboring groups have gone into operation, they are then in a position to federate.

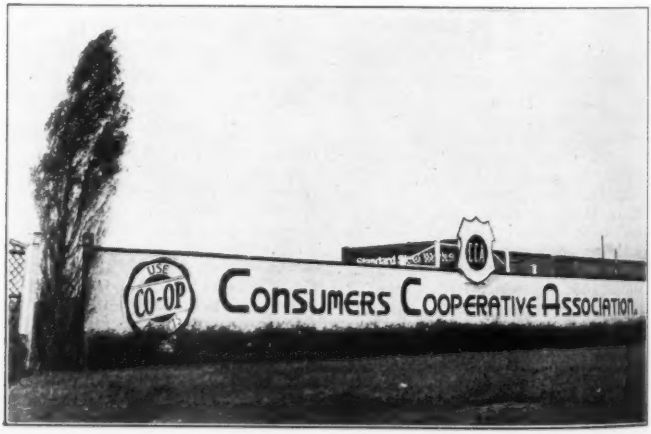
This cooperative method offers possibilities of preserving the fast-disappearing family physician, who is being destroyed by the same forces which are destroying the family. A method which preserves this useful person in something of a pastoral role, which addresses his attention to the prevention of disease, which guarantees his income, and which gives him a position of self-respect in the field of science should have much to recommend it to the public and to the profession.

It is my observation that intelligent physicians who are hostile to what they call "state medicine" become friendly to cooperative medicine when they understand its nature. Under this method, the sick pay less for medical service, the costs are paid while the patients are well and functioning, and the number of doctors who are needed and can be financed is greatly increased.

Cooperative business has been expanding steadily for a hundred years and has penetrated into every corner of the world. Already more than one fourth of the population of the earth hold membership in cooperative societies. They may be found supplying every useful commodity known, plus most of the useful services.

This expansion goes on quietly, without fuss or ostentation. Nothing is destroyed. There is no cataclysm, no revolution. The process is evolutionary and wholly constructive.

The most highly civilized countries, those showing the highest standards of culture, with the least unemployment, poverty, and political corruption, are the countries in which the cooperative method of business is most largely developed. And those are the countries least threatened by communism and fascism. The medical profession cooperates wisely with such constructive forces.



Our Bankers, The Insurance Companies

By W. CLIFFORD KLENK

Life insurance companies can beat savings banks at their own game, says Mr. Klenk. They'll keep your surplus funds liquid and safe and will pay you from one and a half to twice as much interest as the banks do.

WHERE can a hard-earned surplus fund find safety, liquidity, and a chance to yield more than 2%. That's what *you'd* like to know. You've seen your "perfectly good" 6% mortgages default. Your "guaranteed" 5% bonds have gone up the flue. So you've been forced to the conclusion that savings banks are the only really safe haven for rainy-day dollars.

True, savings banks keep your principal intact and immediately available in case of need. But the 2% interest they pay inspires toleration rather than gratitude or satisfaction.

At this point I want to make what will be to many a unique suggestion: *Let your life insurance company be your banker.*

But, you object, I have enough life insurance already. Furthermore, I'm not looking for protection plus investment; I want investment without the restrictions on liquidity that protection usually imposes.

Contrary to popular impression, life insurance companies offer several media for pure investment. The return is not the 5% or 6% of the halcyon days up to 1929. But you can get at least 3%.

You may wonder why the public is not generally familiar with that fact. This is why: Life insurance companies, like yourself, have trouble finding acceptable investments that will provide more than a decidedly slim return. They are not over-anxious to be flooded with a large volume of demand obligations from living policyholders. They are devoted to their primary function of insuring lives and they don't hanker to play the role of investment bankers. Nevertheless, they have resigned themselves to lending their investment facilities, within certain limits, to those who know how to use them.

There are four ways to make your life insurance company your banker. Any one, or several of them, may constitute the solution to your surplus-fund problem.

For purposes of illustration, let's assume that you have $25,000 worth of life insurance and $10,000 in a savings bank. The former takes an annual premium of about $600; the latter gives 2% interest. By paying your premiums in advance—say ten years in advance—you can effect a real saving. Here's how it is done:

For the next decade your insurance will cost you $6,000. But if you withdrew $5,274 from the bank today and send it to your company, they will accept it as settlement for your next ten years' premiums. Thus the insurance company gives you a 3% compound discount. The $726 you save is equivalent to a 3% yield on an investment. Since you get the discount in advance, it is better than "guaranteed."

You are probably wondering about the liquidity of that $5,274 advance payment. But don't worry.

At any time the money is yours for the asking—less, of course, annual premiums which have fallen due and been deducted. And if you surrender your policy for cash or die within the ten years for which you have settled in advance, the unearned portion of the ten-year premium will be refunded to you or to your beneficiary.

Discounting life insurance premiums in that way does not affect your policy's provisions, or any of its cash, loan, or paid-up insurance values. Dividends are paid as usual.

It should be pointed out that not all life insurance companies make provisions for discounting premiums. However, most of them do. Some will allow you to discount premiums for any period up to twenty years. The minimum advance premium on which a discount is allowed is for one year.*

During the current period when savings bank interest has dwindled to 2%, numbers of people have had the common sense to allow their life insurance dividends to accumulate with their company at the prevailing 3½% rate. Simultaneously, however, many of these people have been making the mistake of carrying obligations on which they have to pay 6% or more (*e.g.*, mortgages on homes; loans on cars and professional equipment). The sensible thing to do in such instances is to make 2½% or more by the simple expedient of using accumulated life insurance dividends to reduce or wipe out the obligations.

A physician told me last month that he had secured a $14,000 mortgage from a life insurance company at 5%. Then he revealed that he had $3,600 in accumulated dividends with the same company at 3½%. I was able to show him the absurdity of lending the company $3,600 at 3½% and simultaneously borrowing $14,000 from the company at 5%. After our talk he lost no time reducing the mortgage by $3,600, thus saving $54 (1½% of $3,600) yearly.

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So far, according to our assumption, you have used $5,274 of your $10,000 cash to discount future life insurance premiums. Since this $5,274 is a *demand* obligation on your life insurance company and is thus as liquid as if it were in a savings bank, 100% liquidity for the balance on hand is not as important as it might otherwise be. Safety of principal and an improved yield, however, are still essential. So what to do with the remaining $4,726?

My advice is, buy a single premium deferred annuity. It requires a minimum investment of $1,000 and your reserve is guaranteed to accumulate at 3% with dividends to boot. Funds invested in such an annuity are only 91.2% liquid during the first year and 96% liquid by the end of the second year. However, at the end of three years your principal is 100% yours. For truly surplus funds this partial sacrifice of liquidity during the first three years is no real objection, especially when you have other funds in readily available form.

If at age forty you put $5,000 into a single premium deferred annuity (selecting, of course, the company which guarantees the best return) and leave it there for ten years, it will increase to $6,845. That is better than a 3½% average annual return over the ten-year span. In twenty years it will grow to $10,313, which represents better than a 4% annual return. If, at the end of twenty years, you don't want the cash, you can take an 8.7% annual income from it for life.

You may object that the invest-

*It seems almost unnecessary to suggest in passing that you should most certainly be paying your premiums on an annual basis. To leave money in a savings account at 2% interest while you pay 4% or 6% for the privilege of semi-annual or quarterly premiums is a waste of money. Better draw the amount of your premium from the 2% savings account each year and avoid the extra freight on your insurance.—W. C. K.

ment just described does not suit the physician who has insufficient life insurance, who can't qualify for more, who must conserve his surplus for the benefit of his family after he dies, and who must at the same time use the income from his surplus to supplement declining professional income.

Again, life insurance companies have a solution. In return for each unit of $1,100 given them by a man who, we'll say, is fifty years old, they will guarantee to pay 3.22%, or $35.42, annually as long as the investor lives. When death strikes, be it at 51 or 91, his beneficiaries will be paid $1,000. If he dies at age sixty, for example, his single deposit of $1,100 will have yielded him $354.20 during the ten years he lived, plus $1,000 for his heirs.

Admittedly, this investment means a loss if the man who enters into it dies after one year. But in three years, he breaks even, realizing thereafter until death a guaranteed annual income—always with the $1,000 death benefit in force. This combination of life insurance and investment requires no medical examination because the original deposit exceeds the sum payable at death.

The investment opportunities offered by life insurance companies as mentioned here should provide at least a partial solution for the physician who wants no more of Wall Street and with whom security for surplus funds, rather than high yield, has become an obsession.

Leavitt from Black Star



Better than savings banks because they give a higher rate of interest, insurance companies also offer security and liquidity.

Beauty Calls

By HERMAN GOODMAN, M. D.

CLEOPATRA'S family doctor was undoubtedly versed in recipes for the restoration of skin function and for the maintenance of skin health. Archeological discoveries bear witness to the fact that ancient Egyptian physicians devoted a goodly share of their attention to remedial and hygienic dermatology.

Since that time the manufacure of cosmetics has developed into a major industry; cosmetology, into an increasingly important vocation. The millions who paint, powder, manicure, and mascara their way to beauty create both a responsibility and an opportunity for the medical profession.

Not so long ago physicians thought of cosmetics only in terms of their shortcomings. Articles in medical journals dealt primarily with their ill effects. Although within the past decade the profession has become more tolerant, added recognition could well be given the bearing of cosmetics on medical practice.

We must admit that the efforts of the paint-powder-and-perfume industry are responsible indirectly for a number of visitors to our consulting rooms. Advertising has informed the world of the virtues of this and that beauty preparation. Soap makers, face cream manufacturers, hair tonic purveyors, and the like have spent millions telling people of the dollar value in a clear skin, a non-scaly pate, an abundance of hair. No wonder our patients have become complexion- and scalp-conscious!

A cardiac may quite likely ask you how she can shrink the pores in her nose; a diabetic, whether rouge causes pimples. Stop a moment and recall how often patients have interrupted you with these and similar queries.

Physicians, generally, have not made the most of an opportunity to help women tackle the problems that come out of a vanity case. For the most part they have considered it beneath their dignity to display interest in cosmetics, their composition, or their manufacture. Thus they have abdicated a position of trust and confidence that is rightfully theirs.

Reacting to the impression that medical men have no interest in such apparently trivial physiologic problems as acne, scaly hair, baldness, wrinkles and dry skin, beauty shop operators have encroached steadily on this field. Too often they even undertake the care of the ill.

The physician's immediate recourse is to change his attitude toward complaints that he has been accustomed to consider lightly. Give the adolescent girl, heartbroken over her pimples and blackheads, more than a cursory glance and an intimation that a change of diet will clear them up. If you don't, she will turn to Madame Therese's Beauty Shoppe over the drug store.

Unfortunately, Madame T. may not recognize symptoms of bro-

THOSE WHO CREATE PAINT AND POWDER FOR MILADY ALSO CREATE OPPORTUNITY FOR HER PHYSICIAN



Coster from Black Star

mine acne or the skin manifestation of a severe body ailment—any more than Giuseppe, the barber, is likely to distinguish scalp psoriasis or a symptom of diabetes from simple dandruff. What is ordinary loss of hair to a coiffure artist may be a sign of syphilis to an M.D.

My experience leads me to be-

lieve that physicians who merely damn the cosmetic industry are not giving themselves or the damned a proper break. Informed manufacturers recognize the danger created when beauticians assay medical science. The latter would be only too happy to make a practice of referring patrons with skin and scalp disorders to physicians—but they're afraid to!

I have received letters from beauticians throughout the country requesting the names of open-minded physicians to whom they could go for advice and to whom they could send patrons requiring medical attention. Many of them cite experiences such as this: A patron suffers ill effects from some cosmetic procedure and is advised to see her physician. The doctor explodes, "These so-called beauty experts are a public menace! You ought to sue the one who did this to you! Don't ever go near her shop again!"

Of course, the beauty operator may be at fault. But, unless she gets less vitriolic treatment from the physician, she'll try, by herself, to patch up the damage she does. She may even decide, in self protection, not to send people to you whose troubles are no fault of hers at all. That may be hard on her, on the victim, and on you.

Physicians should accept the fact that the cosmetic industry is firmly established. People have come to regard its products and services as essential. Therefore, it is up to the profession to take an active interest in preventing misapplication of cosmetics and beauty treatments.

By that I do not imply that room should be made for a permanent-wave apparatus in every doctor's office. But I do say that physicians should attend to such abnormalities as an oversupply of hirsute adornment, diseased scalps, and skin eruptions.

When you come right down to it, why shouldn't the medical man broaden his sphere and qualify as a counselor in cosmetic dermatology? He is already prepared to treat burns from permanent-wave machines, nail groove infections from improper manicuring, the ill-effects of hair dyeing, and such; and it doesn't take long to become conversant with the cosmetic requirements of normal, healthy skin.

Conferences with leaders in every phase of the cosmetic industry have opened my eyes to the following: (1) Beauty shop operators are willing to go more than half way in fostering cooperation between themselves and physicians. (2) Manufacturers, seeking to test products, have confidence in and solicit the judgment of M.D.'s familiar with cosmetics and their potential effects. (3) Insurance companies want specially qualified physicians to examine and treat those claiming injury at the hands of beauty operators. (4) Thousands of patients need studied medical advice about cosmetics and beauty treatments. (5) Already a few states require that schools for beauticians include physicians on their staffs; more will soon follow suit.

The conclusion is obvious.

Discount Precaulions

Whenever my employer renders a reduced bill, he makes a practice of quoting the full charge and then showing the deduction. For example, one of his bills might read as follows: Surgical care, (ruptured appendix)—$500; less courtesy deduction (for prompt payment)—$100; balance due—$400.

These two purposes are achieved: (1) The patient is made to realize what a reasonable full charge amounts to. (2) If legal collection methods have to be employed later, the doctor is in a position to sue for the full fee instead of for the reduced one.—*M.D.'s Secretary, Los Angeles.*

MEDICAL ECONOMICS *pays $3 for each practical idea submitted and published.*

Ghost-Answered



INSTEAD OF LETTING YOUR TELEPHONE HAUNT YOU, ARRANGE TO HAVE A PROFESSIONAL EXCHANGE HAUNT IT . • By CHARLES GAILOR

A TYRANT, yet a benefactor—that's your telephone. You would be lost without its blessings. Yet you resent its demands. How in the name of Bell can it be made easier to live with?

A solution, to deserve the name, must provide these four things: (1) prompt, intelligent response at any time to calls for you; (2) efficient handling of emergency calls; (3) relief from having to linger within earshot of the instrument when your office assistant or your wife is off duty; (4) relaying of telephoned messages to you wherever you happen to be.

Several types of telephone service are available. The simplest provides an extra directory listing ("If no answer, call Newtown 3300) plus someone to take all calls. Low cost is the main advantage here. The added listing below your regular phone book identification costs 25c* a month. "Newtown 3300" will charge you from $3.50 to $10 a month depending on what they consider their service is worth. The trouble with this system is that patients often refuse to take the trouble of calling a second number.

Another type of service entails an extension from your office to a central bureau where a switchboard attendant will receive incoming calls for you and other subscribers. This service is apt to prove too cumbersome if calls for more than ten doctors have to be handled. Also, if two or more patients call at the same time, at least one may hang up before the operator can get to him. Twenty-four-hour operator service is necessary and, consequently, the cost

*Charges cited are subject to variation in different localities.

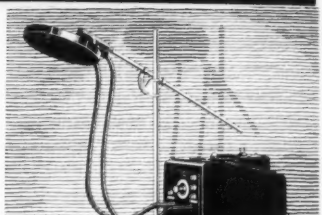
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to subscribers may be considered too high for what they get.

Finally, there is the full-fledged professional telephone exchange—the most effective service of all. It involves a fair-sized investment at first, and its overhead will boost your telephone bill noticeably. But the original cost as well as the upkeep are often justified by the returns. Such an exchange can be owned and managed by the physicians in a community; or initiated by a group of medical men and run by a hired manager under their supervision; or, better still, launched and maintained by an enterprising layman. If you need a professional exchange in your community, you should be able to interest some business man you know in the idea of establishing one.

Whether your exchange is to be physician-operated or owned by an independent business man or company, keep this in mind: It may well prove over-expensive if it serves less than eighteen physicians. If a salary for a manager is to be figured in, at least 25 contributing members are needed. In each case, a smaller group could, of course, maintain an exchange. But the *pro rata* cost per month would probably be too high.

This type of telephone service handles all calls to subscribers through an especially constructed switchboard in a central office. Instead of going directly to a doctor through the local telephone office, calls are routed through the exchange and intercepted by it if the doctor's office or home does not answer. The operator "follows through" by locating the physician on another wire at whatever place he has specified he will be at that time.

Two sizes of switchboards are available—forty-line and seventy-line. They take from eight to ten weeks to build. A forty-line board costs approximately $800; a seventy-line board, $950. In addition to this initial charge, there is a monthly rental of $45 for the smaller board and $55 for the larger. The forty-line unit cannot be converted into a larger one if the need arises. It is advisable, therefore, to install the larger unit, using the one trunk line to which the monthly charge entitles you and reserving the others in the board for future growth.

In addition to a trunk line, the exchange requires a private line for which the usual monthly business rate is charged. However, the exchange is allowed unlimited service instead of the customary 75 calls within a certain region. Furthermore, a reduced rate for toll calls is usually given.

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But enough of this general description. Let's turn to a specific example of how a professional telephone exchange was started and now operates. What follows is based on facts garnered from the director of the Professional Telephone Service in Jackson Heights, New York. The service is operated independently by J. F. Welch, a layman.

After discussing the project originally with officials of the local telephone office, Mr. Welch set about raising the money to finance it. He was told he would need from $1500 to $2,000. That amount, when finally accumulated, was enough to pay for the special switchboard and to take care of operating expenses for the first few months. Soon afterwards, contributions from subscribers began to outstrip current expenses. Those who financed the project then started to realize on their investment.

The principal operating costs are as follows: Rental of premises (preferably an apartment) in which the exchange is housed, $50 a month (probably less in smaller communities). A day operator (8:30 A. M. to 5:30 P. M.), $15 to $18 a week. A night operator (5:30 P. M. to 10:30 P. M.), $10 a week. An intermediate operator, given the privilege of living in the apartment with rent, light, and heat provided in exchange for

taking calls from 10:30 P. M. to 8:30 A. M.

Each operator is given one day or one night off each week. A substitute is secured for $2.50 a session. If, for instance, the night operator wishes to substitute for the day operator, or vice versa, the $2.50 can be added to her regular salary.

The importance of securing competent, pleasant operators cannot be overemphasized, Mr. Welch declares. The value of the exchange lies in its service to doctor-members. That value cannot be realized unless the operators are well up on their job.

The telephone company will train operators for this type of work or will recommend girls who are already experienced in it. One of the operators in the Jackson Heights exchange used to work in a bank as a secretary and switchboard attendant.

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Other items of operating expense are light, heat, and incidentals that any tenant has to pay for. (It's worth mentioning here that a woman who owns and operates a telephone exchange in Hackensack, New Jersey, saves money by having the switchboard in a room in her own home.) Then, of course, there are the monthly charges for the use of the switchboard ($45 or $55, depending on its size), for the private wire for outgoing calls, and for extra trunk-line and long-distance calls.

The telephone company makes a mileage charge per month. The amount depends upon how far a members phone is from the exchange and how far the exchange is from the district telephone office. It averages $2 a month, but it may range slightly over $3.50. It is charged directly to the doctor by the company on his regular monthly bill. For that reason, the premises for the exchange should be located as near as possible to the telephone company's office.

If your community is rather large, the task of enlisting the cooperation of available physicians to launch an exchange may require the services of a solicitor—at least during the first few months. He can be compensated on a commission basis, keeping the first month's fee from each new subscriber. Of course, allowance for such compensation must be made in the fund set aside to finance the exchange.

In Jackson Heights the fee for membership in the exchange is $15 a month. Exchanges charging less will probably have to bill a member for calls made to locate him and thus bring the total cost to him up to at least $15 a month. By charging that much in the first place, the time, expense, and trouble of extra billing is saved.

To help defray expenses and repay initial costs, certain non-professional groups and business firms may be offered the privilege of using the exchange. In every community utility companies and some mercantile concerns—fuel-oil and refrigerator companies,

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radio repair shops, and even piano tuners—remain open almost 24 hours a day.

In the case of non-professional clients, the exchange's telephone number is given in an extra directory listing under "If no answer, call ——." That costs only 25c a month. The exchange's service may be offered for $10 a month. Thus, for $10.25 a month, the business man is released from the necessity of having to be at his phone all day and night or risk losing a customer.

On joining the Jackson Heights exchange, every physician is asked to supply this information: name, address, telephone number, type of practice, associates, hospital connections, where to locate at specified hours, clubs, secretary, visiting hours, plus any additional facts he may care to give. The information is typed on a card and consulted when a call for that doctor is handled at the exchange.

Every day members instruct the exchange as to the hours when they want calls to them intercepted and where they intend to be at different periods. This is done either by phone or by an instruction slip which members send to the exchange.

A form for messages taken by the operator has also been worked out. It bears the following subtitles: date; message taken by; doctor's name; name, address, and phone number of caller. A check is placed opposite one or more of the following identifications: consultation, druggist, for advice, no message, personal, operation, will phone again, house call, phone, reminder, urgent, re-office hours, re-fees, re-Rx, refer-associate. On the same slip are spaces for noting the "follow through" of the call —where the doctor was reached, when, through whom (wife or secretary). After a call has been disposed of, this slip is filed. It is not destroyed for three months, being kept on hand in the event of complaints about inaccuracy.

To sum up, a professional exchange may be floated for less than $2,000 and sustained for less than $250 a month. It can be made available to independent physicians for about $15 a month. For that price the service functions 24 hours a day, facilitates contact with patients, and gives you a certain freedom which you could not otherwise enjoy.

College of Surgeons Checks Industry

A RECENT survey by the American College of Surgeons, covering almost 1,600 industrial establishments in the United States and Canada, reveals that only 51% provide medical services for their workers which meet A. C. S. requirements. The solution to the problem of providing adequate medical care for workers in hundreds of plants, declares the college, is group service rendered by "physicians and surgeons qualified and interested in this type of work." Decried is the practice of industrial plants banding together to employ a doctor. The survey has also revealed that the injury-frequency rate in industry has declined 61% in the last decade; the injury severity rate, 43%.

"D.A.B.D." APRONS
Trade Mark Reg. U.S. Pat. Off.
Free sample to any Physician on request.



Will Assist in the Treatment of Gonorrhea.

No. 117 is the Apron with a Suspensory. No. 100 is the Apron without a Suspensory.

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RELIEF is the index of SUCCESS

Effective and quick relief of the symptoms of pain, swelling and immobility in arthritis is a good index of successful therapy.

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gives prompt symptomatic relief . . . stimulates the excretion of toxins . . . increases metabolism

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Each 3¾ grains—48 to the box

DOSE: One or two tablets or capsules t.i.d. with water after meals.

Let us send you abstracts of the published work and a full size package of capsules ( ) or tablets ( ) for clinical trial.

•

The Laboratories of
THE FARASTAN COMPANY
137 South Eleventh Street Philadelphia

Heptogene as a

DERMIC DISORDERS

Case history #982

Occupation clerk

Patient's name Mr. J. C.

Height 5' 8"

Age 22 Weight 128

Diagnosis Acne Vulgaris—Anemia—Debility Duration years

Past history Anemia for number of years with fatigue

Previous Treatment Diet . . . Rest

Present Condition Marked eruption of blackheads and pustules over face, chest and back. General appearance poor . . . tire easily on exertion.

Blood Picture 10/22/36

Hbg. 75%

Red 4,010,00

White 8,9

Pressure

Rx Heptogene tablets #2 with each meal

A typical case where a roborant is indicated, the prescribing physician decided. There was no one or combination of serious infections or other localized causative factors. But experience has shown this physician that dermic disorders may have a co-existing anemia. Treating the anemia in many cases has helped to clear up the skin condition.

See facing page for continuation of this history.

FATIGUE

LOW BASAL METABOLISM

CONVALE

NUTRITIONAL

OBSTETRICA

Roborant series

ANEMIAS

a ROBORANT

("Page 2 of case history of Mr. J. C.")

		Hbg	Red	White	Blood Pressure
10 26/36	No change in patient's condition	80	4,060,000	8950	100 / 65
11 10/36	Patient states he feels better. Appetite is better. Skin slightly improved	85	4,260,000	7800	100 / 65
11 30/36	Skin condition improved as is his appetite. Gain in weight—now 134½	95	4,750,000	7450	102 / 70

N. B. Patient's general condition is better and there has been marked improvement in his blood picture and a moderate improvement in his skin.

Where a roborant is indicated as auxiliary treatment this unique anti-anemic formula is gaining increasing favor among a wide range of specialists and general practitioners.

Each tablet represents approximately:

		as metal
Liver Extract (Wilson)	2 2/5 grains (3100 mgms fresh liver)	
*Iron albuminate	1 2/3 grains	
Copper Biobasic	1/100 grains	
Calcium gluconate	1 1/5 grains	
*Ferrum		3.80 mgm
Cuprum		.13 mgm
Calcium		7.00 mgm
Vitamins		
Vitamin B	2 Sherman units	
Vitamin G	10 Sherman units	

*Note low iron intake. Experience in hundreds of cases shows that in not a single instance has Heptogene caused the gastric upset so often associated with high intake of astringent iron compounds.



Won't you test Heptogene in your own practice? The coupon below will bring you an 8-day trial package with our compliments.

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New York, N. Y.

DR._____

ADDRESS_____

CITY_____ STATE_____

In Coughs... help maintain the



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CITRI-CEROSE

The citrate content of Citri-Cerose supplements the normal intake of alkalizing substances, helping to re-establish alkali reserves depleted by infection.

Citri-Cerose provides quick relief for coughs, is safe and effective and is unusually palatable and well tolerated.

Each fluid ounce contains

Codeine Phosphate	0.5 gr.
Chloroform	2.5 mins.
F. E. Ipecac	1.0 min.
F. E. Wild Cherry	4.0 mins.
Citric Acid	6.0 grs.
Sodium Citrate	18 grs.
Potassium Guaiacol Sulfonate	8 grs.
Menthol	3/40 grs.

CONTAINS NO SUGAR

Relieves the spasms of harsh or irritating coughs
Loosens and liquefies bronchial secretions
Promotes diuresis and diaphoresis
Promotes ready expectoration

Your prescription pharmacy has Citro-Cerose in pints and gallons

JOHN WYETH & BROTHER, Inc., Philadelphia, Pa., Walkerville, Ont.

"A good doctor should have an eagle's eye, a lion's heart, and a lady's hand," said Sir Philip Sidney. He should also, if possible, have an adequate office laboratory, adds Dr. Levitas, describing his own establishment.

Make This Laboratory Discovery

By GEORGE M. LEVITAS, M. D.

A generation ago the most important equipment of the physician was his psychic approach to the patient—his dignified sympathy—to which he added a high hat and a Prince Albert coat. He made his diagnosis mainly by observation and experience. His success depended largely upon his ability to satisfy the public concept of what was then considered to be good practice. Among his colleagues, his professional status was judged by his ability to observe and translate symptoms. If consultation was requested, he called a confrere chosen for his experience, age, and reputation. Rarely was a laboratory employed particularly in a small community.

The recognition of pre-clinical symptoms and of functional diseases has caused the development of signs which are not available by clinical examination alone. In early days, if the objective findings in a patient matched his subjective symptoms, he received considerable and sympathetic attention from his physician. If, however, there was no obvious relationship between the two, he was dubbed a neurasthenic and was described as "enjoying bad health while the family suffers."

Today the general employment of the laboratory in all its branches has made possible the early recognition of organic disease and of dysfunction. Less is heard about "nervous breakdowns."

If you employ laboratory facilities frequently and if your practice warrants an investment in laboratory equipment, I believe it best for you to maintain a laboratory in conjunction with your office. Thus, you will keep your patient and his family under your constant guidance. Frequently a patient sent to a laboratory never reaches his destination. Just as often, he never returns to you. When you do your own laboratory work, your patients recognize that your clinical technic is paramount to the laboratory observation. *Referring your patient elsewhere for any kind of test depreciates your own importance.*

Another thing, you are much surer of yourself clinically if you have a laboratory of your own. You're always conscious of the fact that the laboratory is an aid to diagnosis, not to someone else's finances.

From the standpoint of the general practitioner, what laboratory tests should be employed in a well-directed office? Let me describe the routine in my own office, the culmination of 25 years' experience.

Urinalysis, of course, is first in importance. No physician should tell a patient that his kidneys are functioning normally when he has performed only a "sun and sink" test. Every specimen of urine brought to my office at any time by a patient is subjected to a thorough chemical and

GASTRIC HYPERACIDITY
TREATED BY COLLOIDAL ADSORPTION



The Newer, More Rational Method of Removing Acid Excess

Objections to Chemical Neutralization

1. Peptic digestion may be hindered or prevented.
2. Intensive alkaline treatment may lead to alkalosis.
3. A secondary and more pronounced rise of acidity may follow administration.

Advantages of Colloidal Adsorption

Alucol, an allotropic form of aluminum hydroxide, takes up acid *excess* chiefly by colloidal adsorption—a physical, not a chemical, process. Offers these advantages:

1. No interference with digestion—Alucol takes up *excess* acid, leaving sufficiency for continuance of peptic digestion.
2. Alucol does not lead to alkalosis.
3. Does not cause a secondary rise of acidity.

Convince yourself of these advantages by making a clinical test of Alucol. Use this coupon.

ALUCOL

(Colloidal Hydroxide of Aluminum)
Supplied in Tablet and Powder Form

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Please send me without obligation, a container of ALUCOL for clinical test, with literature. Check which required:

☐ Tablets or ☐ Powder

Dr.....

Address.....City.....State.....

microscopic examination. No final conclusions are made unless the specimen submitted is a 24-hour voiding. Patients are trained to bring a specimen to their first office consultation and thereafter when requested.

All patients coming to my office for non-acute conditions receive hemoglobin readings. If the case warrants it, a complete red and white cell count is made. All acute conditions are subjected to white and differential early in the disease and as often as necessary from then on. My technician makes a bedside test on non-ambulant patients.

I find that my people expect the frequent employment of x-ray. The great number of senescent patients who are chronic sufferers should be studied thoroughly. That means, among other tests, radiographic determination of their cardio-vascular systems. The same thing applies, of course, to the study of those with a protracted cough. Other situations where the x-ray should be employed will suggest themselves if you have the apparatus available—traumatic conditions of various types, etc. My x-ray department is one of the most popular features in the office and, incidentally, charges for its service are met most promptly.

The electrocardiogram is employed in every condition of organic or functional heart disturbance, and its readings frequently checked, especially in coronary disease. My apparatus is portable, which makes it useful for bedside work.

A word about allergy. This is a field neglected by most general practitioners. Yet there is no more dramatic or satisfying medical procedure. The results obtained from allergic tests have been most gratifying. Many hundreds of allergens are used in my office. One night a week is devoted specifically to allergic study. Thorough histories are taken and every attempt is made to discover the etiological factors causing such conditions as migraine, asthma, rhinitis, eczema, etc.

One of the most important instruments in the laboratory is the basal metabolism outfit. Many neurasthenics, especially women in menopause, suffer from endocrine disturbances. By means of metabolism readings one is able to recognize early the patients who have suffered thyroid exhaustion or who have developed thyroid hyperfunction. Then there are those who indicate hypometabolism or hypermetabolism from causes other than thyroid dysfunction.

As a result of metabolic studies, a large number of patients are found suffering from non-myx-

Prodding Made Pleasant

In the belief that some patients need to be reminded of more than the date of their next appointment, I have worked out a combination receipt and appointment slip. It measures 3½" x 2" and has my name and address at its top. Underneath in neat arrangement are the following headings: date, name, treatment, charge, paid, balance, and next appointment. Such blanks are easily filled in and handed to a departing patient. As a result, he is diplomatically informed of the amount he still owes me as well as the exact time I expect him to call for a subsequent treatment. More often than not he will come back prepared to take care of the unpaid balance which he might easily have forgotten without the tactful prodding of my little slip.—W. G. Evans, M.D., Dallas, Texas.

MEDICAL ECONOMICS *pays $3 for each practical idea submitted and published.*

edematous hypothyroidism. Here again, early recognition may mean prompt response to treatment.

The foregoing routine requires the employment of a technician—at a salary of $25 to $35 a week. I advise employing the elder and, consequently, more experienced technicians. In my experience they are more cooperative than an M. D. assistant.

An x-ray department requires the association of a well-trained specialist. I have made an arrangement with a radiographer in a large city hospital whereby he comes to my office three times a week from 10:30 to 11:30 A. M. A similar arrangement has been made with a trained allergist. However, he comes only one night each week. The expenses incurred in running my laboratory total about $2,000 a year. However, they are more than amply met by the financial returns on the services rendered.

•

I must emphasize that considerable postgraduate work, interest in medical meetings, and frequent contacts with hospitals are necessary to insure against incompetent interpretation of laboratory findings. The use of a laboratory with insufficient knowledge of its clinical application is worse than using no laboratory at all.

A few more points should be stressed.

It is not necessary to start a laboratory service on a scale as large as I've described. The amount spent on initiating your own laboratory project will, of course, vary with the size of your practice and your location. Generally speaking, $500 should be enough for any one to begin with. Purchase of the more expensive machines—x-ray, electrocardiograph, etc.—can be postponed until your laboratory begins to justify expansion. Then too, a technician and specialist associates are not necessary at first.

At all times it is of vital importance that the physician stress the value of physical diagnosis and employ the laboratory only to confirm his findings. Confidence in one's ability cannot be maintained when a charge of $2 or $3 is made for a thorough physical examination and then as much again is charged for a urinalysis. By that I do not mean that laboratory work should not be paid for. It is possible to consolidate regular and laboratory charges into a fee commensurate with the patient's ability to pay. This permits free use of the laboratory and engenders a better feeling between patient and physician. Of course, charges will vary in different communities depending largely upon the economic conditions prevailing. Experience will help you draw up a proper fee scale.

In conclusion, a laboratory in conjunction with his office enables a physician to render more scientific medical care. He retains complete control of the patient. And the cost of laboratory service is considerably lower than when outside facilities are used.

Confession

Evidently the promoter of those boardwalk bloodpressure machines is convinced of their illegality. He jumped his bail recently before the dime-a-reading sphygmomanometer case got to the courts.

For the Gold Therapy of the ARTHRITIDES

Hypertrophic – Atrophic – Specific

5% solution of sulfphydryl gold naphthyl trisulpho carbonium derivative. Intramuscular.

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The introduction of CAMIROL is a new departure—a distinct contribution to the therapy of paranasal sinusitis.

CAMIROL is a specially treated combination of iodides, iodoform, camphor, and menthol in a readily absorbed low-acid vehicle. It is supplied in ampoules for intramuscular injections, which are painless and non-irritating.

Clinical experience with CAMIROL has been eminently satisfactory. After a short series of injections, pronounced symptomatic relief is experienced.

ADVANTAGES

1. Facilitates drainage.
2. Increases local and systemic tissue immunity.
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CAMIROL has also been found a valuable adjuvant in the treatment of sub-acute and chronic bronchitis, asthmatic bronchitis, and allied disorders. *Literature on request.*



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HEMATINIC PLASTULES,* PLAIN

HEMATINIC PLASTULES* WITH LIVER EXTRACT

Effective! . . . Economical! . . . Convenient!

Hematinic Plastules are prepared from Ferrous Sulphate to meet the demands of outstanding contemporary authorities for a readily assimilable form of iron. In addition, Ferrous Sulphate as provided in Hematinic Plastules has these advantages:

1. *Effective* in small doses which are equivalent in therapeutic value to large doses of other forms of iron.

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3. *Convenient.* Soluble, oval shaped elastic capsules.

4. *No gastric disturbances* which frequently result from taking large doses of iron.

In Hematinic Plastules the soluble ferrous salts, which are now said to be the most effective form of iron, are employed, the action of which is potentiated by the cytochrome of concentrated yeast.

Prescribe Hematinic Plastules for several suitable cases now under treatment for secondary anemias. You will be pleased with the results. Hematinic Plastules are available at all first-class pharmacies.

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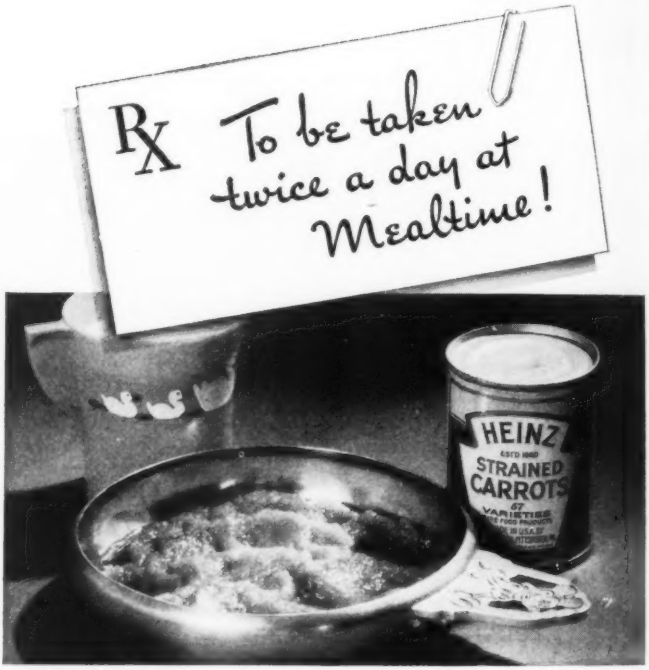


**The word "Plastule" identifies the fine soluble gelatin capsule which contains the semifluid medication.* (Registered)

HEMATINIC PLASTULES AND THEIR EFFECTIVE DAILY DOSAGE AS COMPARED TO OTHER FORMS OF IRON



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OUTSTANDING physicians today recommend baby foods with the same care they exercise in prescribing medicines. That's only natural. Strained foods and drugs share a common responsibility in infant welfare.

Equally understandable is the fact that more and more doctors are prescribing Heinz Strained Foods exclusively.

For one thing, each tin of Heinz Strained Foods bears the Seal of Acceptance of the American Medical Association's Council on Foods. And like the great names in pharmaceutics, Heinz Strained Foods carry a distinguished quality reputation—the heritage of almost 70 years unceasing effort to produce the world's finest pure food products.

To millions, this hidden value is expressed in the famous "57" Seal of Quality. Only Heinz Strained Foods possess it.

That is why we say, "Specify Heinz Strained Foods—for infants, convalescents and other soft diet cases—twice a day at mealtime. You can be sure they will meet the most exacting demands for high nutrient content, easy digestibility and appetizing flavor."

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57

11 KINDS—1. Strained Vegetable Soup. 2. Peas. 3. Green Beans. 4. Spinach. 5. Carrots. 6. Beets. 7. Prunes. 8. Cereal. 9. Tomatoes. 10. Apricots and Apple Sauce. 11. Mixed Greens.

They Borrow Out of Debt

By GERARD DAVIDSON

MANY a doctor's bill has been paid, in effect, by the Denver National Bank during the past several years. That is why a number of Denver physicians and patients are grateful for the bank's personal loan plan.

Any regularly employed person may apply to the bank for a loan of from $50 to $500. His chances of getting it are good, provided he doesn't ask for an amount exceeding 20% of his salary, possesses good character, and is able to secure the signatures of two other responsible persons willing to act as co-makers of the loan.

•

Bonds, stocks, or other collateral are not necessary. The co-makers are individually and jointly responsible for the amount owed to the bank if the borrower fails to pay up.

Usually within 48 hours after an application for a loan has been received, the money is made available in cash or by a check payable to the doctor whose bill the borrower wishes to settle. The loan is repaid in equal monthly or semi-monthly instalments spaced over a period of one year. The bank discounts the loan at $6 per $100 per year.

Salient feature of the plan from a physician's standpoint is that *he assumes no liability whatever for the repayment of money borrowed by one of his patients.* In many so-called finance plans that is not the case.

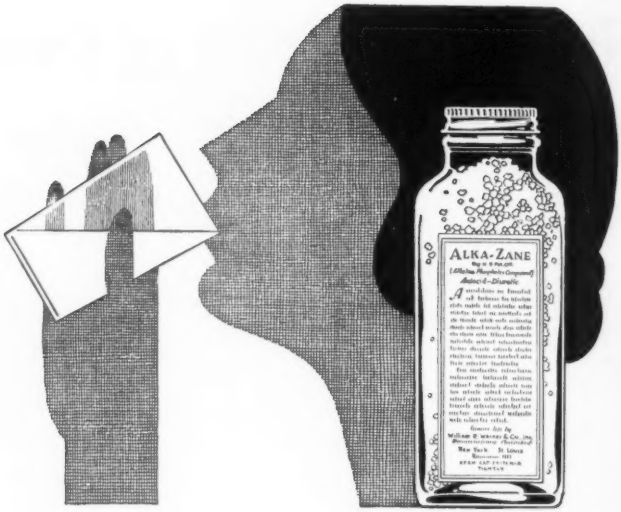
Practitioners in Denver have found it well worth their while to carry the news of this scheme to certain of their patients. Experience has taught them that people are quicker to repay such loans than to meet their medical obligations on an instalment or delay-pay basis. Whenever the occasion warrants it, they pass along a folder (supplied by the bank) describing the plan in detail, and suggest that a loan be arranged. While the plan is particularly well adapted to patients incurring new debts, it may also be used successfully by those who can and should clear up delinquent accounts.

In spite of the fact that a 6% discount is well within reason, some patients may object to it. The objection is readily met by allowing a 6% discount on their bills for cash.

•

The advantages of the plan are readily summed up. Physicians receive their fees in full at once. They are spared the trouble of sending out statement after statement. They avoid the risk of losing a fee because its payment has been dragged out too long. And arrangements for loans are made on a dignified, private, and business-like basis.

Slow-pays and delinquents have become less of a problem to Denver doctors since the Denver National Bank established its personal loan plan. If your own bank offers no such service to patients, it may be worth suggesting.



When Acidosis Complicates Disease

Supporting the alkali reserve has become a routine measure in diseases characterized by acidosis. For this purpose, Alka-Zane is extensively used because it supplies the four bases of which the reserve is essentially composed: sodium, potassium, calcium, magnesium. These are made available to the organism in the form of carbonates, citrates and phosphates. Alka-Zane contains no tartrates, lactates, or sulphates, and no sodium chloride. It is a convenient and efficient way to prescribe alkalizing medication that is palatable and easy to take.

Alka-Zane is supplied in 1½, 4 and 8 ounce bottles.
Trial supply sent on request.

ALKA-ZANE

WILLIAM R. WARNER & CO., Inc., 113 West 18th St., New York City

Choosing a Doctor Blindfold*

By RUTH MAYRE



Ewing Galloway

WOMEN choose the family doctor as a rule, and they seldom select one who doesn't wear good-looking neckties or who fails to give the appearance of having just stepped from a bandbox. His professional qualifications may be quite beside the point."

That, according to newspaper dispatches, is the complaint of at least one physician. If true, is it not largely the fault of the medical profession itself? Who is better qualified by training and experience to establish proper criteria whereby a layman may judge his doctor intelligently?

The profession finds it easy to criticize the public for following quacks and faddists. But how are we to distinguish between the authentic and the false? What else can be expected under a system of selection so haphazard that a doctor's patronage depends upon the personal bias of patients, their relatives, neighbors, friends, and friends of friends?

There is much more to this matter of personal prejudice than the physician may suspect. Upon it depends his success or failure.

Consider for a moment the problem of choosing a doctor, as faced by a stranger in a community. To what source can he go for authoritative, unprejudiced information to help him make his selection? If he looks in a telephone directory, he probably finds a column or more of names and telephone numbers. To even a long-time resident of the city, many of the names are unfamiliar. The personal "cards" in the classified section are of little assistance. Rarely do they give more than the name, address, off-

*See also editorial this issue, page 40.

Selecting a physician by the color of his eyes or the euphony of his name may be wholly absurd, but the present-day patient has no better standards to follow, says Miss Mayre.

ice hours, telephone number, and possibly some such term as physio-therapy, or genito-urinary which may be a complete mystery to the reader.

In such a list there is nothing to show that a man is considered by his colleagues to be a competent child specialist. Or that another man has spent several years as a staff physician in one of the leading hospitals of the country. Or that a third man has done extensive and expensive postgraduate work.

•

But, you say, surely a doctor's reputation counts for something. It does. Word-of-mouth advertising, if favorable, is far more valuable than printed publicity. But there is also a lot of harmful word-of-mouth advertising that the doctor never hears.

For instance, someone wants to consult a physician. A neighbor recommends Dr. Saunders.

A second neighbor protests, "What? Saunders? Say, I wouldn't have him for a sick cat! They tell me he uses dope and he neglects his patients something terrible! He treated Russ Williams' wife and he'd have let her lay right there and die if her folks hadn't insisted on calling in Dr. Johnson. Now, you take Johnson—*there's* a doctor for you. If it weren't for Johnson, I wouldn't be here today."

At that point someone else will gravely assure the inquirer that, "Johnson's all right if you can catch him when he's sober. Now the best doctor in town is Taylor. He's right next door to the Ritz . . . got a big office . . . must have seven or eight rooms."

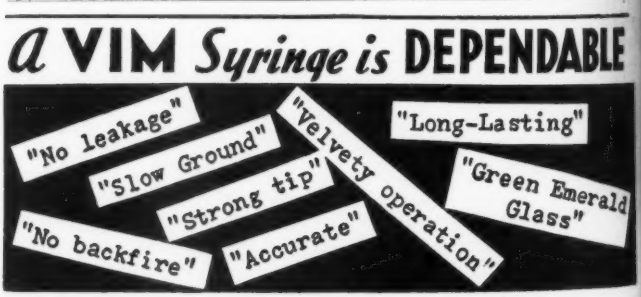
Yet Dr. Taylor, one learns, is "frightfully expensive! And he'll want to operate as soon as he sees you, whether you need it or not. Dick and Betty always have Dr. Warren. I guess he's all right, probably as good as anyone, but I wouldn't go to him. I just can't stand that nurse of his. If I were you, I wouldn't bother with a doctor, I'd just go down to the drugstore and get something."

And so it goes—everyone prefers a different doctor. Yet few seem to know anything about the training and experience of the man they like or dislike. For the most part, criticism is based on "they say," "he looks to me," "I've heard," "there's something about him I just don't like."

Nowhere can the layman find authentic, impartial information about a doctor's training and experience. Other physicians, of course, know which members of their profession are well qualified, but that knowledge is never made public.

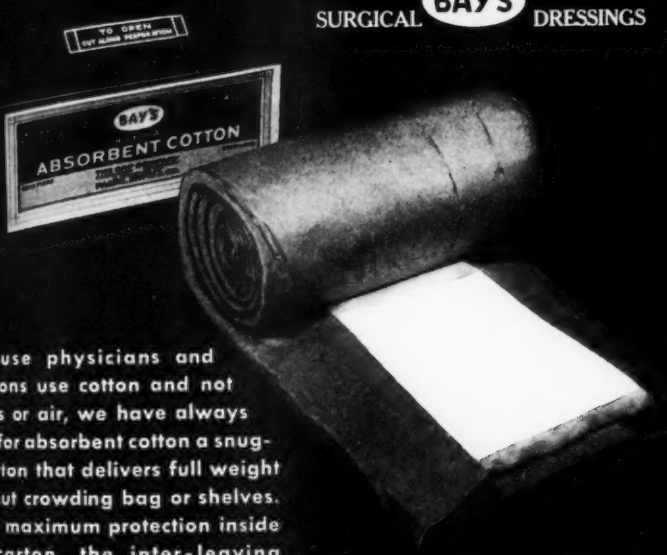
Consequently, both the doctor and his patient are victims of society's present hit-or-miss method of selection. For the doctor who is chosen blindly cannot expect the family to have as complete confidence in his ability as if his attainments were known to them.

This problem of selection is



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Because physicians and surgeons use cotton and not boxes or air, we have always used for absorbent cotton a snug-fit carton that delivers full weight without crowding bag or shelves.

For maximum protection inside the carton, the inter-leaving paper is folded over the edges of the cotton.

Bay's Absorbent Cotton is available in all standard forms for professional use. When you specify Bay's Blue Seal Cotton, you get the finest cotton that can be produced, in a snug-fit carton that delivers full weight and minimum bulk.

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BRIDGEPORT CONNECTICUT
A DIVISION OF
PARKE, DAVIS & CO.

THE BAY COMPANY, Bridgeport, Conn.
Gentlemen: Please send me a sample of Bay's Blue Seal Absorbent Cotton.

Doctor.....

Address.....

City.....State.....

XUM

largely an outgrowth of modern urban life. A generation or two ago, the scene was entirely different. A large proportion of the population lived in small villages and on nearby farms. There were perhaps two or three doctors in town. They, their patients, and case results were known to the entire community.

Then, almost anybody in town could tell you that during the big typhoid epidemic Dr. Earl lost seventeen patients while Dr. Jackson lost only five, and one of them was old Sam Jenkins who'd been ailing for years anyway. Why, Sam must have been close to ninety years old. And isn't that pretty good proof that Jackson must be the better doctor?

Of course, a medical man analyzing the case records of those deceased patients might find any number of logical reasons for the discrepancy in fatalities; but to the layman, typhoid is typhoid; and a doctor is judged by the number of lives lost or saved.

•

Today's large cities present a more complicated picture. Here, a doctor's patronage is scattered over a large, thickly settled area. The individual can know only an occasional patient of any one doctor. And who can judge a man fairly by the experience of one patient?

Take for instance, my own neighbor, Mrs. Martin. Several years ago she was operated on for a tumor. Before the operation, she was up around the house, able to do the cooking and housework for herself and her husband. To be sure, she had indigestion and "didn't feel well." Nevertheless, she went shopping, attended church, and enjoyed automobile rides. Following the operation, she was bedridden until her death two years later.

It happens that she is the only patient of that particular doctor I have ever known. Surely, you will admit, there is little about her case to recommend the physician as one in whom I should have complete confidence.

From a doctor's standpoint, there may be any number of good reasons for Mrs. Martin's failure to recover. Her age, the advanced stage of the tumor, and possibly other factors should be considered. But about those things friends and neighbors know nothing. They only know that Mrs. Martin became bed-ridden immediately after being operated on.

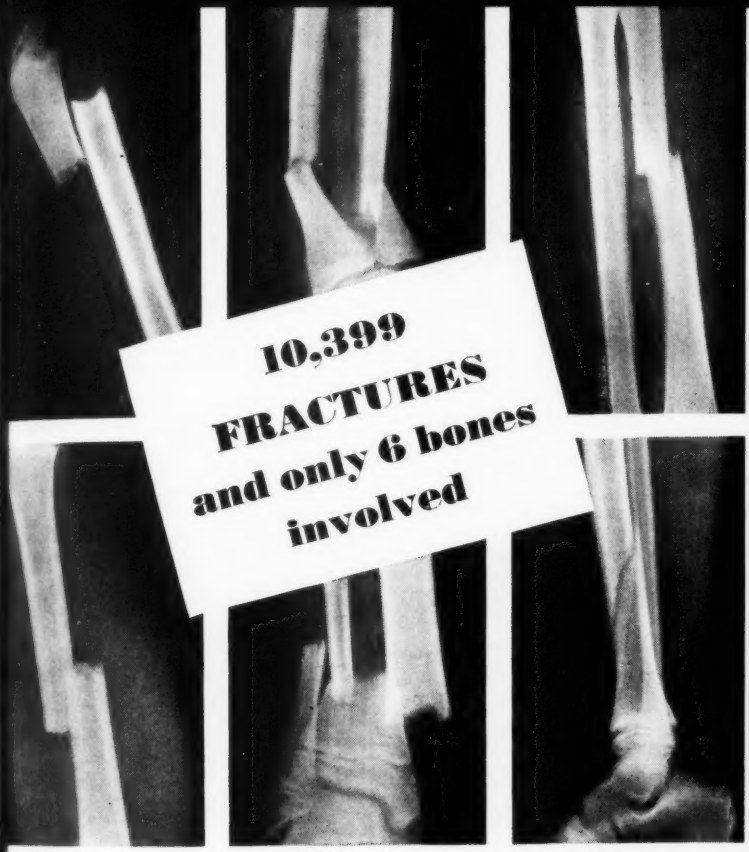
So neighborhood gossip says, "She'd have been far better off if she hadn't listened to that doctor. Bet she didn't need an operation any more than you or I do. He just found out they had a little money and he thought it was a good chance to get it."

As a means of counteracting such pernicious gossip it would seem advisable for the medical profession to adopt some means of organized publicity. To be sure, it is unethical for individual physicians to advertise, yet it should be possible for medical societies to make available to the public legitimate, factual information.

The issuance of a directory might be the solution to the problem. Why not a reference book that could be kept on hand in homes, drugstores, and public libraries, along with city and telephone directories?

Existing directories are often far from satisfactory since they do not give the information needed by the layman. Typical of this kind of publication is a "busi-

REDUCE BLOOD-PRESSURE
the reading *stays* down
RELIEVE THE SYMPTOMS
headaches and dizziness go
1-2 tablets t. i. d. ½ hour before meals. Sample and formula mailed on request.
HEPVISC
ANGLO-FRENCH DRUG CO. (U.S.A.) Inc., 1270 Broadway, New York



AN overwhelming percentage of fractures encountered in everyday practice may be placed under the heading "ordinary." But whether the condition be ordinary or unusual, accepted diagnostic procedure requires x-ray examination—first, to determine definitely the site of the fracture... then, to check up on the effect of reduction.

Dislocations usually are obvious, but a satisfactory knowledge of the area involved depends upon the radiographic findings before and after reduction. Confirmation or dismissal of possible associated fractures which otherwise might be overlooked also should be based upon comprehensive x-ray examination.

For the fullest protection of physician and patient alike, the safe course in management of any fracture or dislocation starts with radiographs made by a competent radiologist.

Radiographs
Provide Diagnostic Facts

Eastman Kodak Company, *Medical Division*, Rochester, N. Y.

XUM

Our hats are off to MEDICAL MEN

Because: you have been cooperating with us since the organization of the MONARCH in 1901.

We, in turn, are prepared to cooperate with YOU. We recognize the two financial problems of that "one-man business," the practitioner:

1. Provision against the *interruption* of earning power by disability.
2. Provision against *decline* or *cessation* of earning power in later years.

12.6% of our premium income today comes from physicians and surgeons. WHY? Consider these factors:

1. 35 years of growth without change of management.
2. 15 years of experience with Noncancellable disability coverage.
3. Low cost participating Life Insurance on all standard plans.
4. Licensed and active in 25 of the most populous states.
5. Full time trained representatives only.
6. Assets over $4,000,000.00.
7. Capital and Surplus over $1,000,000.00.

MONARCH
LIFE INSURANCE CO.

Springfield, Massachusetts

ness directory," issued in my own city. Listings are alphabetical, by occupation. But since many reliable firms and individuals do not wish to pay the advertising rates charged, each occupation is represented by only a small proportion of the people actually engaged in it.

Under the heading, "Physicians and Surgeons, Licensed M.D.'s" are eleven business "cards," although there are several times that number of medical men in the city. Most of these "cards" state only the name, address, telephone number, and office hours. One card adds, "Practice Limited to Children. Including Infant Feeding and Contract Practice." But who, except a doctor, knows what "Contract Practice" may be?

Other advertisements include such terms as gynecology, physiotherapy, fluoroscope, diathermy, endocrinology—words not even listed in the small dictionaries found in the average home. A medical directory might well include a glossary in which esoteric words could be explained in plain, everyday English.

If you doubt that the average person does not fully understand such terms, ask the next ten persons you meet the difference between an oculist, an optician, and an optometrist. Between a dentist and an orthodontist. You may even find a few who do not know a chiropodist from a chiropractor.

In the business directory mentioned, one doctor is listed as a "Fellow, American College of Surgeons." So far as the average layman knows, membership in the American College of Surgeons or in the American Medical Association may depend upon any of the following:

1. All doctors and surgeons automatically become members upon graduation from medical school; or,

2. Any doctor who can offord the dues may belong; or,

3. Membership may be an honor awarded only to a few dozen



NEEDS A BLAND, NON-IRRITATING NORMAL STIMULANT

The Problem—The objective of treatment in this prevalent condition should, of course, be the *restoration of normal peristalsis.*

Previous Failures—Clinical experience shows that normal bowel function cannot be obtained by the use of irritating cathartics, dehydrating salines, brans and other crude roughage, demineralizing oily emulsions.

Corrective Therapy—By contrast the new development—Mucilose—a specially prepared hemicellulose obtained from the plantago loeflingii—does not irritate, does not stimulate gastric secretory function but acts correctively, naturally, to secure normal bowel rhythm.

MUCILOSE
(STEARNS)

Supplies bland, non-irritating distention, lubricates without leakage, produces large, formed, soft stools, is easy to take, economical.

Mucilose is regulative to the spastic colon.

●

FREDERICK STEARNS & COMPANY
Detroit New York Kansas City San Francisco
Windsor, Ontario Sydney, Australia

FREDERICK STEARNS & COMPANY
Detroit, Mich. Dept. M. E. I

Please send me a supply of Mucilose for clinical test.

Dr. _____

Address _____

City _____ State _____

men who are outstanding in the profession.

Explanatory data included in a medical directory would undoubtedly give the layman a lot more confidence in his physician.

The directory should also list training and special honors conferred. After all, unless a patient is told that Dr. X has had extra preparation in a particular field, how is he to know the man is any better equipped than the more moderately priced Dr. Z?

To be sure, when a doctor returns to college for postgraduate work, it is customary for a short news story to be run in the local paper. His regular patients may see the article and be impressed with his desire to keep up to date. But there will be many others who do not know him and who, even though they read the item, will soon forget both it and the man.

The cost of medical care is always a worry to the low-salaried family. Many a should-be patient hesitates to consult a doctor because he fears the cost will be exorbitant. Instead, he buys a bottle of Dr. Curemall's purple pills which the radio announcer says will correct everything from fallen arches to dandruff. By the time he does see a doctor, he is beyond help—so the mortician gets the patient and the doctor gets the blame.

Would it be unethical for doctors to state in a medical directory their regular fees for an initial office call and consultation? Such a statement should do much to remove from the public mind the fear of exorbitant fees; moreover, the final fee for each patient could still depend upon the circumstances of the individual case. Physicians would benefit through the fact that it is much easier for a two-dollar doctor to collect from a two-dollar patient than for a five-dollar doctor to do so.

Briefly, publicity for the medical profession should be of such a nature as to:

1. Enable the patient, particularly the stranger, to select a doctor intelligently, through reason rather than prejudice.

2. Engender greater confidence once selection has been made.

3. Help the doctor to collect a larger percentage of his fees by encouraging patients to consult physicians whose charges are in accord with their ability to pay.

4. Counteract unfavorable gossip.

5. Be strictly impartial—not dependent upon politics, advertising rates, or membership in any organization.

Perhaps the doctor quoted at the beginning of this article is right. Perhaps we women do pay too little attention to a man's qualifications. But until the medical profession teaches us something about those qualifications we shall undoubtedly go right on choosing our doctors by the color of their eyes or by the sound of their names.

We have more to gain from health insurance than from either of the other items touched by the Social Security Bill—unemployment insurance and old-age pensions.—*Herman A. Gray, author of the "Model Health Insurance Bill."*

Who has?—Ed.

An Ethical, Dependable Viburnum



VIBURNO (Beach)

Made from the **TRUE CAROLINA BLACK HAW**

It is pleasingly palatable, and therapeutically efficacious. Does not interfere with menstruation or pregnancy; will not constipate. Prescribe it from puberty through the menopause, wherever viburnum is indicated. Literature and two ounce sample, from the Viburno Company, Inc., 146 Front Street, New York.

Doctor: We want you to taste this palatable soda tablet

℞



We make Carbex Bell entirely of sodium bicarbonate and aromatics because our doctors tell us that sodium bicarbonate properly used is the fastest acting and most dependable material known to medicine for relieving the symptoms of indigestion.

"Trial is Proof"

SEND FOR SAMPLE

HOLLINGS-SMITH CO.
Orangeburg, N. Y.

Sample Carbex Bell, please.

Dr. .....

Address .....

Pennsylvania Combats Appendicitis

STARTLED by the high mortality of appendicitis, especially in medical centers like Philadelphia, Pennsylvania's alert state medical society established in 1935 a Commission on Appendicitis Mortality.

The state's organization consists of a number of councilor districts. A district was selected as the convenient organizational unit, the member of the commission becoming chairman for his particular district. His duty was to organize the area by counties, appointing an appendicitis committee in each.

The plan is to contact repeatedly and as widely as possible every inhabitant of the state. Groups to be attacked are three: (1) physicians, (2) high school students, (3) the general public.

For physicians the technique is to hold early in each year a symposium at county society meetings on acute appendicitis. Guest speakers and vigorous publicity are advised to attract the practicing physician.

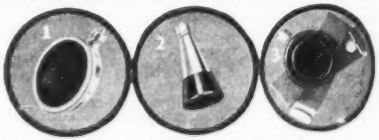
Since 40% of acute appendicitis occurs between the ages of 10 and 20, much attention is paid to high schools. Ten-minute illustrated talks are furnished to student bodies. Pamphlets are given for reprint in school papers, for reading in hygiene classes, and for distribution to students through various other channels. After a high school has been thoroughly covered, efforts are made to give a lecture at least yearly, to remind former students and to awaken new ones to the hazard of appendicitis.

Civic and women's organizations, both interested usually in health problems, are given talks at every opportunity. As much radio time as obtainable is devoted to addresses by local physicians. Various publicity releases, sponsored by the Committee on Public Relations, are sent constantly to newspapers throughout the state.

A check of the affectiveness of the campaign will soon be made by a survey of hospital records. Data is to be collected on uniform blanks. Material will be confidential, no hospitals or surgeons being mentioned. A second survey later will attempt to show the campaign's actual accomplishment in reducing mortality.

B-D TRIPLE CHANGE STETHOSCOPE

ONE BINAURAL UNIT
with 3 Interchangeable
CHEST PIECES



Choice of chest pieces:

1. DIAPHRAGM-TYPE METAL, large or medium size; 2. FORD-TYPE, deep or shallow bell; 3. DIAPHRAGM-TYPE BAKELITE, with or without blood pressure bracelet as used for blood pressure readings.

Entire outfit of three chest pieces and binaural unit, in suede pouch, $4.75. Individual unit costs: binaural unit $2.00; metal chest piece $1.25; Ford-type bell chest piece $0.75; Bakelite chest piece (with or without bracelet) $0.75; suede cloth pouch $0.50. Complete descriptive literature sent on request.

B-D PRODUCTS
Made for the Profession

BECTON, DICKINSON & CO.,
RUTHERFORD, N. J.

The **FIRST SPOONFUL TO THE LAST . . .**



Agarol is supplied in 6, 10 and 16 ounce bottles.

Uniformity of composition throughout is important in an emulsion. It assures uniform action from every dose. Agarol is such an emulsion of mineral oil and agar-agar with phenolphthalein. It pours freely as a good emulsion should. It mixes readily with liquids and stays mixed without "cracking."

In the relief of acute constipation and in the treatment of habitual constipation, Agarol affords proved efficiency, consistent reliability, combined with palatability that only purest ingredients can give without artificial flavoring. Let us send you a trial supply. Please ask for it on your letterhead.

AGAROL FOR CONSTIPATION

WILLIAM R. WARNER & COMPANY, INC., 113 West 18th Street, New York City

PROLONGED AND SAFE SEDATION

PEACOCK'S BROMIDES represents a synergistic combination of purest alkali and alkaline earth bromides. Its ingredients are combined in a suitable proportion to enchance the therapeutic efficacy of each bromine ion; decrease anorexia, gastritis and bromism.

This standardized preparation is recommended where prolonged and safe sedation is indicated.

OD PEACOCK SULTAN CO.

Pharmaceutical Chemists



Peacock's Bromides

can be prescribed regularly throughout the day to:

Procure natural normal sleep . . . Alleviate headache, migraine and neuralgia.
Calm a disordered nervous system . . . Decrease the convulsions in epilepsy.
Counteract the tendency to exaggerated reflexes.

When satisfactory sedation is desired a very important consideration is the prolonged and safe therapeutic action of high tolerance, characteristic of PEACOCK'S BROMIDES.

Standardized at 15 grains bromide salts to the fluid dram . . . Introduced to the Profession in 1885 . . . Fifty years of clinical experience . . . Samples to Physicians (please mention this journal) . . . Makers of SANMETTO, PEACOCK'S BROMIDES, CACTINA PILLETS, CHIONIA, PRUNOIDS and SENG.

XUM

Income Tax Tactics

As the magician says while sawing the lady in half, "It's easy if you know how." The truism applies equally well to filling out an income-tax return. Read these simple directions.

WHO Must File a Return?—The Revenue Act of 1936 specifies that "an income tax return must be filed by every citizen of the United States, whether residing at home or abroad, and every person residing in the United States though not a citizen thereof, whose gross income for the taxable year 1936 amounted to $5,000 or over, or whose net income amounted to

$1,000 if single or if married and not living with husband or wife;
$2,500 if married and living with husband or wife; or
More than the personal exemption if status of taxpayer changed.

"If the combined net income of husband and wife, and dependent minor children, if any, is $2,500 or over, or if their combined gross income is $5,000 or over, all such incomes must be reported on a joint income return* or on separate returns of husband and wife."

When Is the Filing Period?—January 1 to March 15.

Where Should the Return be Filed?—At office of the collector of internal revenue in the district where the taxpayer lives or has his principal place of business.

What Tax Must be Paid?—(1) A *normal tax* of 4% on net income (after deduction of personal exemptions, credit for dependents, and earned income credit), and (2) a *surtax* which varies according to the amount of surtax net income.

How to Compute Net Income.—Net income is gross income less deductions. Gross income consists of all money you have received for professional services throughout the year, plus gains from investments and speculations, plus any other compensations or profits accruing to you.

Deductible items fall into several classifications (expenses, interest, taxes, losses, bad debts, depreciation, contributions to charity etc.). From the standpoint of the physician, however, the most significant classification is professional expenses. In general, the law permits deduction of all expenses incurred in connection with the carrying on of a profession. A reasonably complete list of such deductible professional expenses follows:

Auditing expenses. Includes costs of auditing the physician's professional books and keeping them in order.

Automobile upkeep. Includes all sums spent on automobile in its professional use: chauffeur, depreciation, garage rent (unless you own your own garage), gasoline, insurance, license plates, oil, repairs, and storage.

Collection expenses. Includes attorneys' fees and agency fees incurred in the collection of professional accounts.

Depreciation. Includes depreciation of automobile, furniture, office equipment, etc.

Dues. Includes cost of mem-

*If husband and wife have a combined net annual income of more than $6,500, their total tax will generally be less if they file separate returns.

bership in professional societies.

Insurance premiums. Includes cost of policies purchased for professional protection: compensation insurance on employees, fire and theft coverage on office, malpractice insurance, automobile liability coverage, etc.

Laboratory expenses. Includes rent, if any; wages of assistants; supplies; maintenance of equipment.

Legal expenses. Includes cost of defending suits for malpractice, etc.

Office maintenance. Includes entire rent if office is separate from residence; proportionate percentage of rent if office is combined with residence. Also includes heat, light, telephone, etc.

Salaries of assistants. Includes wages paid to secretaries, substitutes, and other professional aides.

Subscriptions. Includes cost of subscribing to professional journals only.

Supplies. Includes drugs, chemicals, dressings, stationery, labels, postage, records, inks, etc.

Traveling expenses. Includes transportation, meals, lodging, tips, telegrams, etc., when incurred in the interests of patients or when attending professional meetings.

Not all expenses may be deducted from gross income in order to arrive at the net, or taxable, income. For example, you may not deduct the purchase price of your car; the purchase price of relatively permanent items of equipment, such as office furniture and instruments; dues to social clubs; gift and inheritance taxes; life insurance premiums; and home expenses.

The following example shows, in more graphic form, how net income is computed:

If your gross income is...$10,000
And deductible items total 2,000

Then your net income is..$ 8,000

How to Compute the Normal Tax.—In order to determine your normal tax, you must first find out what credits and exemptions you are entitled to. These credits



may be discussed under three headings:

Personal exemption. The law provides in the case of a single person, a personal exemption of $1,000; or in the case of the head of a family or a married person living with husband or wife, a personal exemption of $2,500. A husband or wife living together can receive but one personal exemption. If husband and wife file separate returns, the personal exemption may be taken by either or divided between them.

Credit for dependents. The law allows a credit of $400 for each person (other than husband or wife) dependent upon and receiving his chief support from the taxpayer if such dependent person is under eighteen years of age or is incapable of self-support because mentally or physically defective.

Earned income credit. A 10% credit for earned net income is allowed when computing the normal tax. Earned income means professional fees and other compensation received by the physician for personal services which he himself has rendered. The law states that "If the taxpayer's net income is not more than $3,000, his entire net income shall be considered to be earned net income; and if his net income is more than $3,000, his earned net income shall not be considered less than $3,000. In no case shall the earned net income be considered to be more than $14,000." Which means that you, as a physician, have a 10% credit on your net income up to $14,000, inasmuch as *your* income is earned.

Assuming that your net income is $8,000, here is how the normal tax is computed:

Net income	$8,000
Personal exemption (you and your wife)	$2,500
Credit for three dependents	$1,200
Earned income credit (10% of $8,000)	800
Total credits	$4,500
Taxable income for the normal tax	$3,500
Normal tax (4% of $3,500)	$ 140

How to Compute the Surtax.—As already stated, income tax consists of normal tax plus surtax. The surtax starts with a rate of 4% on surtax net incomes in excess of $4,000 and reaches, through 28 brackets, a maximum rate of 59% on surtax net incomes in excess of $1,000,000. "Surtax net income" means the amount of the net income in excess of the following credits against net income: (1) personal exemption, (2) credit for dependents. On the basis of an $8,000 net income, the surtax is



Extra Tip Strength at No Extra Cost

1. Metal Luer-Lok tip.

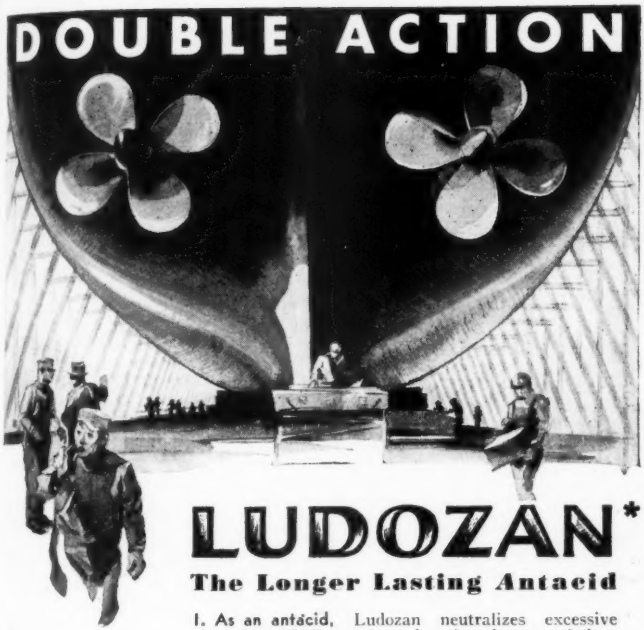
2. Luer-Lok syringe barrel—ready for metal tip.

B-D YALE LUER-LOK SYRINGE

B-D PRODUCTS
Made for the Profession

3. Luer-Lok tip comp'ete—metal tip and extra strong glass tip combined. Luer-Lok tips are the strongest available, yet B-D Luer-Lok syringes cost no more than B-D slip-tip syringes. A half-turn locks any B-D needle securely to the metal tip.

BECTON, DICKINSON & CO., RUTHERFORD, N. J.



LUDOZAN*

The Longer Lasting Antacid

1. As an antacid, Ludozan neutralizes excessive stomach acid. Its prolonged action does not induce alkalosis with its resultant swingback to hyperacidity. It does not interfere with digestive processes, cause diarrhea or constipation.

2. As a protective, Ludozan provides a film-like coating of silicic acid gel which shields the tender gastric mucosa from mechanical irritation. Healing processes may then occur in a natural way.

Composition—Ludozan is an insoluble aluminium silicate containing about 12% of soluble sodium silicate. For more stubborn cases of hyperacidity and gastric ulcer, Ludozan with Belladonna (containing 0.5% Belladonna) is suggested.

Convenient—Uniform... There are 21 separate, plain white prescription envelopes to a can of Ludozan (and Ludozan with Belladonna). Each paper contains a uniform dose of 1 teaspoonful.

SEND COUPON for Your Samples and Literature

SCHERING CORPORATION
BLOOMFIELD · NEW JERSEY

*Reg. U. S. Pat. Off. ©1936, S. C. Bldg., N. J.

SCHERING CORPORATION, Bloomfield, New Jersey ME-1

Gentlemen: Please send my sample of Ludozan and literature to—

Name .....
St. & No. .....
City ..... State .....

SCHERING

computed as follows:

Net income	$8,000
Personal exemption	$2,500
Credit for three dependents	1,200
Total	$3,700
Surtax net income	$4,300
Surtax	$ 12

In the example above, since there is no surtax on surtax net incomes of $4,000 or less, you come within the first bracket and pay a 4% surtax on only $300.

Other things being equal, the higher the income, the higher the surtax. Here are the rates on surtax net incomes up to $14,000:

$80 upon surtax net incomes of $6,000; and upon surtax net incomes in excess of $6,000 and not in excess of $8,000, 5% in addition of such excess.

$180 upon surtax net income of $8,000; and upon surtax net incomes in excess of $8,000 and not in excess of $10,000, 6% in addition of such excess.

$300 upon surtax net incomes of $10,000; and upon surtax net incomes in excess of $10,000 and not in excess of $12,000, 7% in addition of such excess.

$440 upon surtax net incomes of $12,000; and upon surtax net incomes in excess of $12,000 and not in excess of $14,000, 8% in addition of such excess.

Study carefully the instructions on the income tax blank before filling it out. Retain all memoranda used. By martialing your figures well in advance of the March 15 deadline, you'll have time to study them and perhaps find a few extra deductions to which you are entitled.

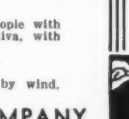
If you get into any difficulties or need further advice, consult an accountant or internal revenue officer, or get a copy of some non-technical, easy-to-understand guidebook, such as *Your Income Tax* (Simon & Schuster, 386 Fourth Avenue, New York; $1).

Brother, Can You Spare a Dollar?

BEGINNING this year, anyone who pays a professional fee of $1,000 or more must report the name and address of the recipient of the fee to the Bureau of Internal Revenue by February 15. This ruling applies whether the fee is paid in a lump sum or in instalments. For failure to report as required, the patient may be fined. Physicians are advised, therefore, to have bills made out for $999 instead of $1,000, thus saving patients the trouble of filling out Internal Revenue Form No. 1099.

Don't forget this the next time you sit down to type a batch of $1,000 statements.—Ed.

For the Eyes
OPHTHALMIC Solution No. 2 3ss
Sol. Oxycyanide of Hg.c Zinc
1. As an antiseptic Collyrium.
2. Chronic Catarrh of elderly people with marked reddening of conjunctiva, with or without secretion.
3. Diplo Baccillus Conjunctivitis.
4. Following eye injuries.
5. To relieve irritation caused by wind, dust, and bright lights.
THE DELEOTON COMPANY
Capitol Station, Albany, N. Y.

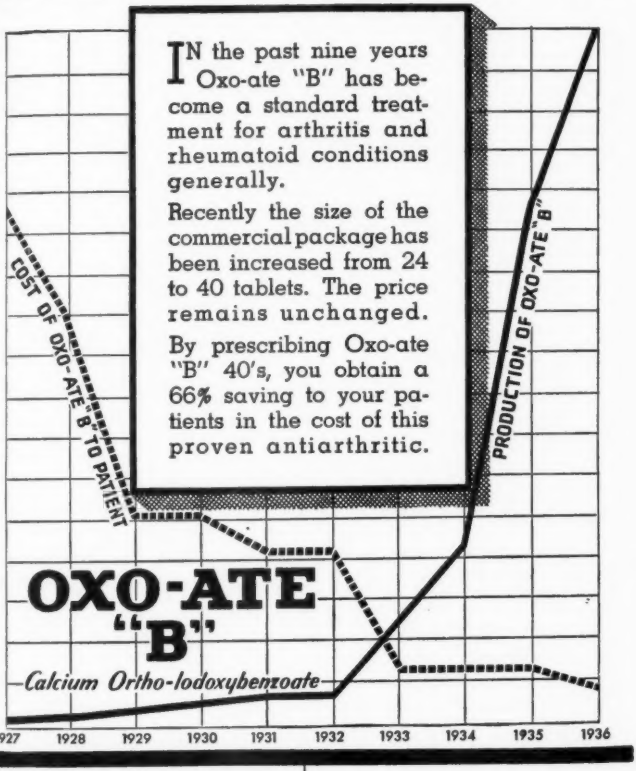


For the Nose and Throat
OLIODIN 3ii 3i
(Iodinized Oil Compound)
For prompt relief in head colds, thus preventing complications. In catarrhal conditions of the mucous membrane, and other nasal conditions.



Free trial samples sent on request.

INCREASING USE . . .
DECREASED COST TO THE ARTHRITIC



IN GENERAL DEBILITY

Eskay's Neuro Phosphates is of proven value in those conditions where a tonic is indicated.

ESKAY'S NEURO PHOSPHATES

IN IRON-DEFICIENCY ANEMIAS

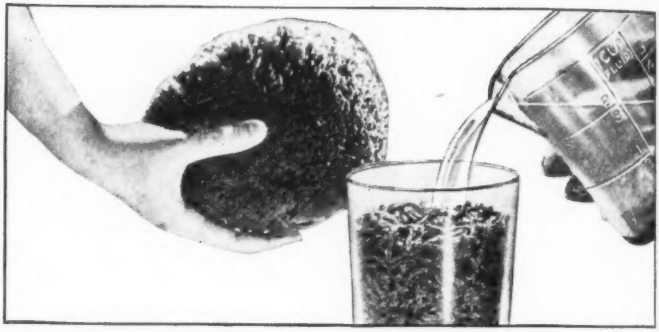
Feosol Tablets are the ideal form of ferrous sulfate—the standard iron therapy.

FEOSOL TABLETS

EST. SKF 1841

Smith, Kline & French Laboratories, Phila., Pa.

ALL-BRAN cleanses like a water-softened SPONGE



IT ABSORBS TWICE ITS WEIGHT IN WATER*

Kellogg's ALL-BRAN is the natural laxative food that corrects common constipation due to meals low in "bulk."

This simple test shows how ALL-BRAN functions: fill a glass 4/5 full of ALL-BRAN. Pour water up to the brim of the glass. Soak 15 minutes, and drain off excess water. Feel the water-softened mass. It's much like a soft sponge. In fact, laboratory tests* show that ALL-BRAN absorbs at least twice its weight in water.

Within the body, this water-softened "bulk" gently "sponges" out the system. ALL-BRAN also provides vitamin B to tone up the intestinal tract, and iron for the blood.

The "bulk" in Kellogg's ALL-BRAN is much like that in leafy vegetables. But with many people, the "bulk" in fruits and vegetables is largely broken down in the system. So ALL-BRAN is more satisfactory.

Serve as a cereal, or cook into appetizing muffins, breads, etc. Sold by all grocers. Made and *guaranteed* by Kellogg in Battle Creek.



Tests made by Samuel P. Sadtler & Son, Inc., Analytical Chemists, Philadelphia, Pa.

Eat Kellogg's ALL-BRAN regularly for regularity

Practice For Sale

Buying a medical practice is something like adopting a baby. You have to trust in Providence that it will measure up to your expectations. The few precautions that can be taken to forestall disappointment are cited here.

MEDICAL men who buy or sell practices are in the minority. Yet numerically there are enough of them to warrant considering their problem.

Take the country practitioner who wants to move to the city; the city doctor who yearns to settle in the country; the physician who for one of a hundred reasons may be anxious to hang out his shingle in a different community. These men have several vital decisions to make before they take the fatal step—for example:

Is it good policy to *buy* a practice? If so, where can a promising one be found? How to determine its monetary value? How to conduct the transaction? How to guard against competition from the seller in the future?

The consensus of opinion among a number of experienced men queried is that it's a mistake usually to buy a practice at all; that the goodwill of a list of patients is something that can't always be transferred from one practitioner to another; so why gamble money on it? Admitting that as a rule the buying of a practice is poor policy, we must recognize, none the less, that there are exceptions. How to spot a good "buy" and, conversely, how to detect a poor one, is explained in what follows.

"My personal opinion," one man questioned said, "is that to buy a practice is sometimes a good way to get a practice *if the seller will stay on and get the purchaser started.* When I decided to go into nose and throat work I had a good general practice of three years' standing which I couldn't afford to give up. So I got a doctor to come into my office and take it over. He gave me half his gross income for six months—enough to pay my expenses while I prepared for my new specialty. *I think almost 100% of my practice went to him eventually.*"

The italics are ours. They emphasize an opinion, firmly held, that another's man's goodwill has cash value only when it can be readily transferred; and that this will happen only when the buyer works for a period of time with the seller. Granting this, let us examine in more detail the problems of the purchaser. We will then discuss those of the seller.

Practices are offered for sale in the columns of medical journals. A physicians' exchange is likely to hear of specialists or general practitioners wishing assistants, later to carry on their work. You can yourself put a notice in a medical journal or conduct an inquiry among your acquaintances.

•

When you have found a practice, examine it minutely. Alone, or with the aid of an accountant, inspect the books of the other physician, who should have no hesitation in showing them. If you can not see the books, go no further. Note particularly outstanding accounts—the more, of course, the better. Discuss with impartial advisers the value of the location, the real estate, and the equipment. You should be able to continue to use what you're buying for a reasonable number of years.

If you find the practice is good,

and think you have the skill and personality to succeed the other man, arrive at some agreement about working with him. The doctor quoted earlier, who disposed of his general practice, asked half the gross income for the six months he and his successor worked together.

•

Another man preparing to take over a practice worth $20,000 gross annually, worked as assistant for a year, during which the practice increased, with the additional doctor, to $25,000. The retiring physician took his annual income; the new man kept the increase, paying the operating expenses of the year, estimated at about $8,000. Thus the price of the practice amounted to about 40% of the annual gross income. Now some prices paid for practices bought outright: A specialist going abroad for two years of postgraduate study sold his practice—worth $12,000 gross annually—for $2,000. Another practice, with a $75,000 annual yield, went for $10,000, including the equipment. These sales were reported by two of the largest physicians' exchanges in the country, which, by the way, set the value of goodwill at exactly nothing.

Having bought a practice outright, or after a period of working as assistant, get a lawyer to draw up a contract. This is to record the sale and restrain the seller from practicing in the same vicinity again within a reasonable time (usually taken to mean a quite limited area and two or three years). Otherwise, he may come back and practice, though he may have said he intended to retire or to move away; and you will be without recourse.

The restraint must be reasonable, for no principle is more generally recognized at law than the right to employ talents, industry, or capital in useful undertakings. Providing reasonableness, a suit for an injunction to prohibit a licensed physician from practicing in a restricted territory within a certain time will be recognized in equity.

If you are buying a practice outright, bear in mind what has already been said: that you can't depend on retaining all the other man's practice. You may keep 80%, or you may keep 5%. The bases of people's choice are largely unknown and unpredictable. Letters to the other man's patients, introducing you, are likely to prove worthless.

If you wish to take over a practice and do not want to buy it, an alternative to working as as-

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Aspir-Vess — The Effervescent aspirin-alkali combination insures quick absorption, rapid effect and pleasant administration.

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sistant is simply to move into the same territory. Success will then depend only on you, as it might have anyway if you had bought the practice; and you will at all events have saved the purchase price.

Young men buying practices should exercise even more caution than older men, for small practices are more likely to be duds. Examine the books. Find out what the practice has been netting monthly for the past year. Is the bookkeeping honest and dependable? One young doctor discovered repayment of loans entered as income.

Look particularly for transferable accounts, and judge if there are enough of them to be worth paying for. If necessary have the equipment appraised. Check, in the community, if you doubt it, the selling physician's estimate of the value of his real estate. Find out whether the reason he gives for selling his practice is the real one or not. If the community won't support him, he may not tell you.

Don't be stampeded by a seller in a hurry; if he says he's had a better offer, tell him to accept it. Make your estimate, and stick to it. The seller of a small practice is disposing of something he doesn't want, and he is at your mercy—not you at his.

If there is no other doctor in the neighborhood, don't buy the practice. You'll get it anyway. Freshmen have been known to buy the radiator when they moved into a dormitory.

If there *is* competition, hesitate. A newcomer may be given a trial without the accolade of a predecessor.

Conduct preliminaries by mail if the practice is at a distance. Train fare is expensive and an honest seller won't resent questions. Make them definite. Never buy a practice where the doctor is not in the office to assure you an introduction—h e n c e, avoid buying the practice of a dead man.

Work as the seller's assistant if you can. Otherwise, buy merely the equipment—not at its initial or replacement value, either. Nine times out of ten, don't give a cent for goodwill. It is inclined to vanish with the physician.

What has been said of the buyer's problems answers most of the questions of the seller. Estimate as justly as possible the value of your practice and have your equipment appraised—a dealer in used equipment will make such an appraisal for nothing. If you wish to get your money honestly, and the best money possible, sell to a man you know will get a reasonable portion of your practice (and the man who has worked successfully as your assistant is likely to be the one).

If there is any chance that you may wish to return to your practice, insist on a contract so that there will be no subsequent suits or hard feelings. Many men, when they retire from practice, are

At your next
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Display these six

Health Insurance

Panels

They show briefly and graphically the highlights of (1) the future of private practice; (2) state medicine—as practiced in Russia; (3) compulsory h e a l t h insurance—as practiced in Great Britain; (4) voluntary health i n s u r a n c e—as practiced in the United States; (5) group hospitalization; (6) the Washington Plan. These panels have been shown already among the scientific exhibits at a number of medical society meetings. They measure 30" x 40" in size, and are mounted on composition board. Any recognized medical society may borrow them upon payment of transportation charges only.

MEDICAL ECONOMICS
Rutherford, N. J.

make your own HEMOGLOBIN BLOOD TESTS *easily*

with the

Sahli Adams HEMOMETER



keep contact with your patient

Why send your patient to a laboratory or a pathologist when you can make your own Hemoglobin blood tests so easily . . . simply follow directions with the Sahli Adams Hemometer.

THE ADVANTAGES OF A SAHLI ADAMS HEMOMETER—

Increase your practice with new services and new patients. You build additional prestige. You save time with your diagnoses. And the entire test is completed in the few minutes your patient dresses.

COMPLETE—READY FOR USE!

The Sahli Adams Hemometer illustrated (double standard) is the last word in compact utility. It has a bakelite housing with a wide base for stability. The two non-fade glass rod standards assure permanent accuracy. The double graduated glass tube gives readings directly in grams Hemoglobin per 100 cc of blood. Complete outfit with all accessories as shown in the illustration, even so far as including the hydrochloric acid solution. The complete outfit is ready for use—snugly fitted in a case that can slip into your pocket.

SPECIAL OFFER—$9.00

In cooperation with our dealer distributors, we are offering the genuine Sahli Adams Hemometer at the special price of $9.00. If your dealer cannot supply you, fill out the order below. We will send you one prepaid with a money back guarantee. Try it . . . use it for 10 days . . . if you are not entirely satisfied, return it and we will immediately refund your money.

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MAIL THIS COUPON

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Gentlemen:
Enclosed find a check (or money order) for $9.00. Send me, prepaid, a Genuine Sahli Adams Hemometer. After examination and use over 10 days, if I am not entirely satisfied, I reserve the right to return it and you will refund my money.

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satisfied to sell only their equipment. If you think you can sell more, or need to sell more, do so; but be sure the other man gets what you sell; and realize that in the end he, not you, sets the price.

An open, business-like procedure, based on facts, will keep the buyer of a medical practice from the heartache of paying too much for his whistle, and the seller from realizing too little.

Defense League Active

LATEST addition to the current parade of booklets exposing state medicine is "Sickness Tax and Monitor Medicine," written by Dr. Frederic E. Elliott for the League for Defense of American Medicine, Ft. Hamilton Station, Box 55, Brooklyn, New York. Several thousand copies of the booklet came off the presses early this month, and will be sold at cost to physicians all over the country for distribution among their patients.

"Sickness Tax and Monitor Medicine" was prepared for lay consumption. It compares schemes for socializing medicine in the United States with compulsory health insurance in England and Germany. It contrasts the costs of medical care under private practice with the costs under state medicine. And it interprets the value of the personal relationship between physician and patient.

The League for Defense of American Medicine was organized in July, 1936 and now claims several hundred lay and professional members. Its officers are Dr. Francis F. Borzell, chairman; and Dr. Frederic E. Elliott, secretary-treasurer. An advisory board is now being organized to include representation from each state. Dr. Borzell is chairman of the medical economics committee of the Pennsylvania State Medical Society; Dr. Elliott occupies the same position with the Medical Society of the State of New York. There is no connection, however, between either of these societies and the League.

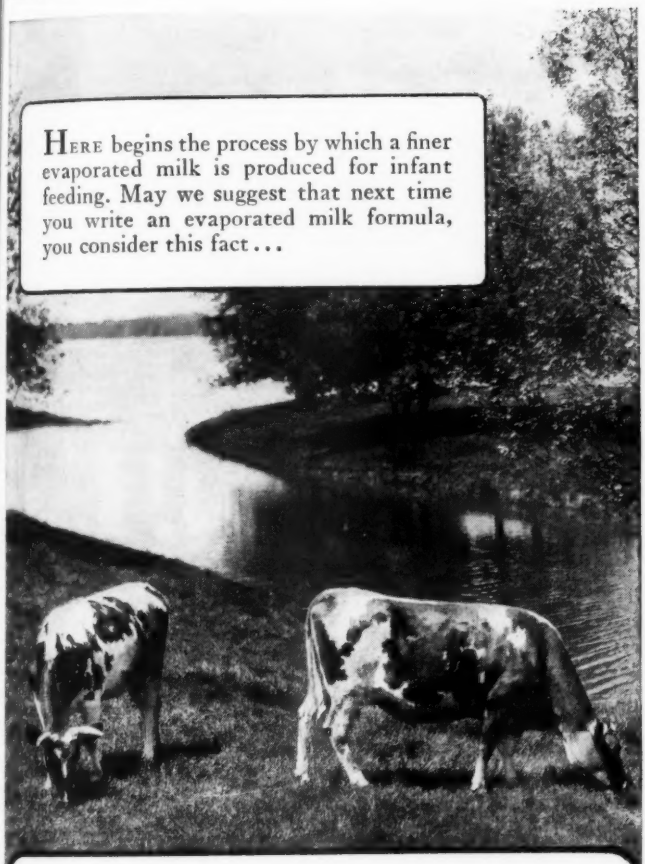
Dr. Elliott told MEDICAL ECONOMICS last month that the League is non-partisan; that its purpose is to accumulate data about proposed plans to socialize medicine and to disseminate these data among laymen and physicians. Thus its function is that of a combined vigilance and publicity committee.

"We must attempt to shape public opinion with a proper understanding of the issues," says the League. "When politicians invade the field of medical care to exploit physicians and patients we will energetically expose them."

The scope of the League is nation-wide. Any physician or layman sympathetic to its views can become a member. There are no dues, although contributions are sought to help maintain it.

Copies of "Sickness Tax and Monitor Medicine" are available for 15c each or $10 a hundred.

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TREAT BOTH BY MOUTH • 4-8 Tablets Daily • Write for Sample
STANNOXYL
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SELECTED herds—whose feed, water supply, housing and general health are strictly supervised by Borden's own corps of farm inspectors and veterinarians—supply the milk from which Borden's Irradiated Evaporated Milk is made.



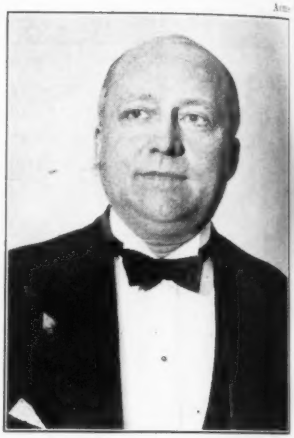
Heyd on Economics of Medicine

PHYSICIANS who attended a dinner given recently by the Oklahoma County Medical Association in honor of A.M.A. President Charles Gordon Heyd found added assurance that their national leader knows his way around medico-economic issues. These highlights from his address to them indicate why.

After warning against radical schemes to make medical services cheaper, Dr. Heyd declared, "The price of medical services must be higher . . . physicians must be compensated for increasingly long hours that they are devoting to gratuitous service to those who are under chronic economic disability."

Then, to prove that the profession can brook no political interference with the doctor-patient relationship, Dr. Heyd compared death-rate statistics in America with those in countries under some form of socialized medicine. In England, he declared, 121 cities are cursed with a death rate of 11.6 per 100,000, while in America no city has a death rate in excess of six per 100,000. He added that in Germany, infant mortality is 6.6 per 1,000; in England, 6.4; in America, six.

Finally, addressing himself particularly to members of the local chamber of commerce who were guests at the dinner, Doctor Heyd stated, "A community can buy its own death rate." To explain how, he enumerated the following: by maintaining local voluntary hospitals; by providing care for indigents without stigmatizing them as charity patients; by keeping those who can pay from slipping into the indigent class; by making it possible for low-incomers to meet medical bills without straining their resources; and by insisting that physicians be "regular, ethical members of organized medicine, not frauds and charlatans."



CHARLES GORDON HEYD, M.D.
"The price of medical services must be higher..."

Four days before Christmas, Dr. Heyd again spoke on medical economics. In an address before the Medical Society of the County of New York he said that compulsory insurance which would provide medical service on a par with that now given would cost 10% of the national payroll. He agreed that some governmental participation in health matters

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Contains the **active** hormones of the thyroid, anterior pituitary, thymus—and in their respective preparations, orchitic and ovarian substance. Clinically tested.
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● The new aluminum No. 46 DeVilbiss Electric Steam Vaporizer has many outstanding features: Percolator-type heating unit. Medicine chamber separate from water chamber. Medication placed on a piece of cotton and thrown away after use eliminates cleaning. Insulated base protects furniture. Safe—automatic current control prevents overheating if vaporizer boils dry. Spout constructed to prevent throwing drops. For 110 volt A. C. current. All these advantages are obtainable for only $3.50.

● This new No. 46 is in addition to the popular No. 42 DeVilbiss Vaporizer. It has been added to the line to meet the demand for a lower priced, yet safe and dependable vaporizer. The No. 42 of glass and molded plastic is designed to give maximum service. It insures the greatest possible absorption of medicine, and it has every feature which makes for convenience and safety. It is priced at $5.00.

● You can prescribe either of these DeVilbiss Vaporizers without hesitation. They are entirely reliable, and are the most convenient instruments available for inhalation of warm medicated vapor.

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The DeVilbiss Company, 322 Phillips Avenue, Toledo, Ohio, headquarters for atomizers and vaporizers for professional and home use

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Guaiacol U. S. P. . 2.6
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Whenever there is localized congestion due to traumatic or inflammatory processes, local application of the emplastrum Numotizine will be found of value for its rapid decongestive effect, its superior anodyne qualities.

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might be sound, adding that the creation of a federal Department of Health and a new cabinet member to head it was a proposal worth considering.

Dr. Heyd also declared his unequivocal opposition to all forms of compulsory health insurance, especially those providing cash benefits. Apropos of the latter, he asked, "Is it reasonable to suppose that a man in a hospital being supplied with physical accommodations, food, attention, and $4 a day while sick, will be anxious to return to work?"

MEDICAL ECONOMICS Helps Trap Thief

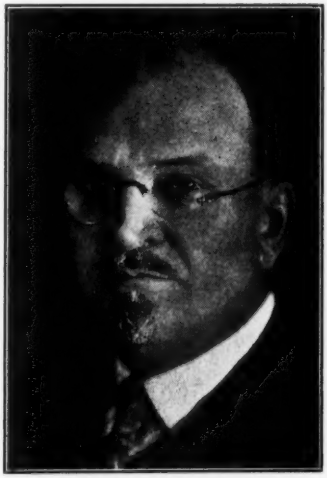
THROUGH the medium of MEDICAL ECONOMICS, Drs. Richard Owen, of Prospect Park, Pennsylvania, and Joshua W. Clarke, of Attleboro, Massachusetts, have put a dramatic stop to the activities of D. A. Thompson, fake salesman of sponge-rubber goods, who has victimized a number of physicians.

Thompson, well-groomed and suave, called on Dr. Owen one day last summer; said he represented a manufacturer of sponge-rubber pads for examining tables and stools; launched into a plausible sales talk; and ended up with an order. Then he asked for and was paid a deposit in advance.

Days passed, and Dr. Owen did not receive the merchandise he had ordered. Investigation revealed no such firm as Thompson had claimed to represent. With that Dr. Owen wrote to MEDICAL ECONOMICS, describing in detail how he had been tricked. His letter was published in the September issue (page 6).

Meantime Thompson had been plying his trade in Massachusetts. His rounds had taken him to the office of Dr. Joshua W. Clarke. The trick had worked again, and Dr. Clarke had paid a deposit for which he had been given a receipt. Fortunately, a few days later, while reading MEDICAL ECONOMICS, he came across the exposé of the bogus salesman. He lost no time in taking MEDICAL ECONOMICS and his receipt to the local police.

Within ten days Thompson was picked up by Boston authorities who had been warned by the police in Attleboro. Brought to court in Attleboro, he returned Dr. Clarke's money. Because he made restitution, he was not prosecuted. However, he hadn't yet seen the end of the police. They reached out for him from Providence, Rhode Island. He had worked his game on several physicians there, too, they said.



JOSHUA W. CLARKE, M.D.
A letter in the September issue put him on the trail.

Victims of the sponge-rubber specialist hope that this last brush with the law will keep him out of circulation for a while.



Indicated in Certain Subacute and Chronic Urinary Diseases.

VERA PERLES contains Santal Oil, Haarlem Oil and Copaiba Oil. Indicated for genito-urinary diseases and recommended in the treatment of subacute and chronic bronchitis, leucorrhea, chronic dysentery, etc. Being a stimulant to the mucous membrane, the perles are more applicable to subacute, chronic, atonic and depressed conditions, than in the acute manifestations since they are a stimulant, diuretic, expectorant and alterative.

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Please Send Me Samples of:

☐ Vera Perles of Sandalwood Compound ☐ Taurocol ☐ Neo-Taurocol ☐ Taurocol Compound with digestive ferments ☐ Clinical Record Forms

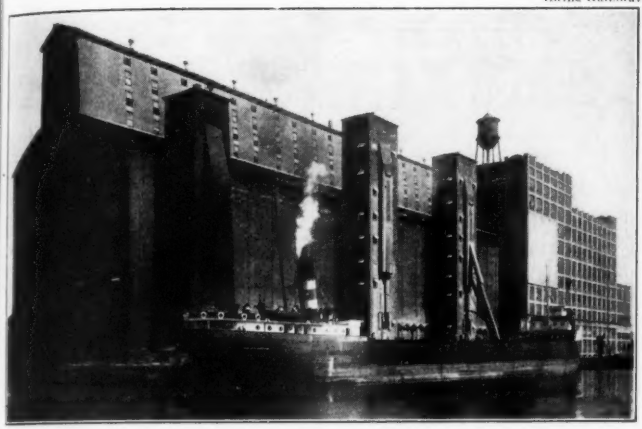
Dr. ..... M.D.

Address .....

City ..... State .....

M.E. 1-37

Ewing Galloway



Loading wheat for Europe from Buffalo grain elevators.

Investors' Clinic

By FRANK H. McCONNELL

WITH the start of the New Year, conditions here and abroad portend further advances in the prices of stocks and commodities.

One of the most favorable developments toward the end of 1936 was the successful culmination of the drama surrounding the British crown. This struggle represented more than the mere resignation of the emperor. In the eyes of the world it signified that the commonwealth of British nations was still united; that, despite the world-wide popularity of the former sovereign, it would tolerate no division over the question of king's rights; and that the British throne would continue to answer the dictates of its legislative bodies.

While the attention of most of the world was focused on the romance of a man who had decided to give up a throne for the woman he loved, industrialists and financiers beheld a drama of even greater proportions. Their question was, "Will this mean the dissolution of the British Empire?" With all doubt now flattened, international trade has quickly revived.

Wheat in Demand

Also in the headlines last month was news of a spectacular world demand for American wheat. Speculators played their usual part, of course, in amplifying it; but its real cause lay in the fact that the world had over-estimated its supply of wheat. European nations suddenly awakened to find that their bins were low, that they would need to buy much more wheat from other nations than they had expected.

This shortage abroad has re-

AMOXIN

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(1-Toluenesulfonylhydroxy 4-Acetylamino 2-Benzene carboxylic acid plus organic iodine)

THE *New*

ANTI-ARTHRITIC

For Patients Idiosyncratic to Cinchophen Compounds

Controlled tests have shown AMOXIN to be non-toxic; yet it produces prompt symptomatic and systemic results in arthritic, rheumatoid and neuritic conditions.

DOSAGE: One or two tablets three times a day.

Issued in tablets, 0.375 gram each, in vials of 30.

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The Laboratories of
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137 South 11th Street
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sulted in heavy purchases of American and Argentinian supplies. The increased demand finds its reflection in rising prices for grain (rye, oats, and corn have also advanced).

Among those to benefit from this situation are the packing companies. They have large inventories of food supplies. With higher quotations for grains (feeds), prices of beef, pork, and other meat products will advance. That will mean higher values for their supplies on hand. In turn, it will mean improved earnings for the concerns engaged in those lines. Purchase of the shares of packing and meat products companies has attraction just now for these reasons.

Soaring Metals

The copper, lead, and zinc industries have also benefited, though for somewhat different reasons.

In the case of copper, several sources of increased buying have manifested themselves. For one thing, the world is continuing to enlarge its armaments. Copper is essential to the manufacturer of guns, airplanes, and other instruments of war. For another, the electrical industry here and abroad is calling for more copper. These companies are building more transmission lines, more turbines, more generators; and for such facilities copper is in strong demand. Moreover, volume of building is rising steadily; and the improvement in this industry is creating better demand for the red metal.

For still another reason, the purchase of metal shares offers considerable attraction: They are considered a reasonably good inflation hedge. In the event of further currency depreciation they will fare well.

Locomotive Building

Figures were presented recently in this column showing the need of American railroads for new locomotives. Most of the puffing engines seen pulling trains to-



Rachitis or Osteomalacia is not confined to children only; it frequently occurs in a milder form also in adults.

In both instances it is due to deficient nourishment.

M. György, the Heidelberg winner of the Nobel Prize, writes in «*Zeitschrift für aertzliche Fortbildung*» 1931, respecting this question «a deficiency of anti-rachitic constituents in food, such as eggs, milk, butter, meat, and fish in the sunless winter period, may give rise to rachitic-osteomalacic Osteophatics».



Norwegian Cod Liver Oil is *the* remedy for preventing and curing this malady. Norwegian Cod Liver Oil contains the important vitamins A and D in the correct ratio, and is Nature's own remedy.

NORWEGIAN MEDICINAL COD LIVER OIL

World-famous for Quality.

4

day are more than twenty years old. They are still serviceable, of course, and may continue so for another fifty years; but there is a drawback: After a locomotive has run for seven years, its cost of operation becomes disproportionately high.

Any man who drives an automobile can understand why. A car, after 20,000 miles, begins to show wear and tear; repair bills begin to increase; and the expense of upkeep becomes steadily greater. Finally the owner finds it is cheaper to buy a new car. The same thing is happening to the locomotives of many railroads. They are becoming obsolete, inefficient, unserviceable.

Recently, I had occasion to inspect the plant of one of the world's largest locomotive companies. In the brief span of two weeks this company had received orders for more than $8,000,000 worth of new steam engines.

"That," said the president of the concern, "is more than we received in the full three years preceding."

The same thing is true, in varying degree, of most American locomotive companies. Careful selection, of course, is necessary; but moderate commitments in the industry appear to be well warranted.

Crooning the Blues

Buying of shares in the radio industry has been heavy during late months. Part of this upsurge in orders was based on expectation that Christmas buying of radio sets would be near record levels. It was.

But here is the fly in the ointment:

Many companies, expecting still greater orders, over-stocked. Today, it is reported reliably that the industry has many unsold radio sets on hand. Such a condition is not healthful for profits in the immediate future. Hence, this is not a good time to buy additional shares in the industry.

Building Appliances

On the second floor of a spacious bank building in metropolitan New York—the First National Bank of Jersey City—is a private dining room which Kelley Graham, its president, uses for the two-fold purpose of saving time and for entertaining business guests at meal time. Next door is a kitchen.

Until recently, the manager of the building had his troubles keeping the odors of broiling steaks in the kitchen and out of the nearby dining room. But his problem has been solved by means of a device so simple that it speaks well for the future of companies engaged in the field of air-cleaning, ventilating, and air-conditioning.

The contrivances used in this case are attached to the window sills, and plugged into the electric light sockets. They are not air-conditioning units—which could not be used effectively in this particular instance. But



A SUBJECT NEVER TAUGHT IN COLLEGE

This report is so unusual that we feel the offer below is the fairest and most businesslike proposal possible—use the coupon.

FREE COURTESY INSPECTION COUPON

Danforth Associates, Copley Square, Boston, Mass.

Please send me for free inspection, charges prepaid by you, one copy of the PROFESSIONAL SUCCESS SURVEY. The same being a revealing study into the causes of professional successes and failures—reported in the case history method with specific, definite and ethical recommendations. (Case Histories on incomes from $6520 to $50,400.)

I will return the copy to you at the end of three days or send you $3.50 then and $3.50 per month until the price of $10.50 is paid to you, or I will take advantage of the special price and forward $9.50 cash as full payment.

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Address .....

Send for Your
Glyco-Thymoline . . *Today!*

Help prevent colds and ordinary sore throat by daily use of GLYCO-THYMOLINE—the 40-year old alkaline solution that soothes and heals irritated nose and throat membranes. Unsurpassed as a pleasant, effective mouth-wash.

Mail the coupon below



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361-363 Pearl Street, New York, N. Y.

Gentlemen: Please send me Glyco-Thymoline free of all cost.

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In Acute & Chronic

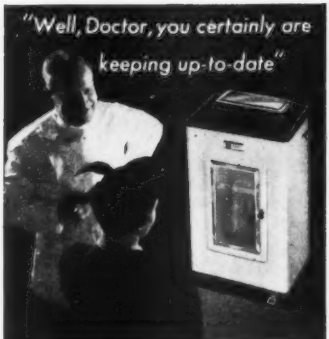
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Endogen "A" combines a leucocyte-increasing sulphur compound with a standardized non-specific protein for the more successful treatment of arthritis. Pain usually disappears after first or second injection.

Supplied in 2 cc ampoules
Packages of 12 and 25
Send for literature

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Bring your office up to date with a new Castle Sterilizer—the biggest equipment for the least money. Remember a Castle is leak-proof because it is CAST IN BRONZE and completely "Full-Automatic". Write Wilmot Castle Co., 1143 University Ave., Rochester, N. Y.

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they form an adjunct to that field which is enabling home-owners who still feel they can not afford air-conditioning to improve their ventilation facilities at moderate cost.

The results in this particular instance surpassed expectations of the bank's officers. No longer does the chef have to worry about kitchen odors perturbing the serenity of the room adjoining.

Which illustrates the remarkable strides that have been made recently in the field of equipment manufacturing for residences and other buildings. This field of industry—construction—is now reviving; and a speculation in the building equipment field seems well advised.

Christmas Shopping

Department store operators and other retailers report that Christmas shopping this year surpassed all previous records back to 1930. This speaks well for profits that will be shown in their forthcoming annual reports.

However, during the immediate future—say, January and February—it is probable that their sales will decline rather sharply. Always after Christmas, the retail business runs into a season of dullness. Consequently, holders of shares in the industry should not be surprised to see their prices decline.

For the longer term future the outlook continues satisfactory. The purchasing power of the public is greater today than it has been in years. Consequently, declining prices should encourage the purchase of additional shares in the industry.

Convertible Bonds

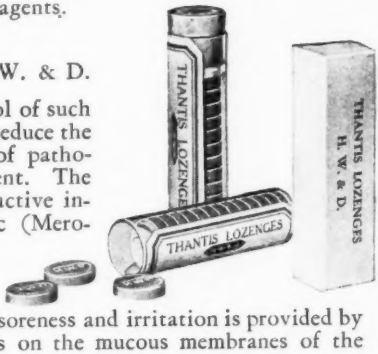
Some months ago the suggestion was advanced here that convertible bonds—bonds which the purchaser may exchange for common shares of the company at set prices—were attractive for investment. Since then the stock market has advanced sharply and many bonds have since been



FOR the relief of various throat affections common in winter many physicians regard Thantis Lozenges, H. W. & D., as one of the most useful agents.

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LOZENGES, H. W. & D.

are helpful in the control of such infections because they reduce the number and viability of pathogenic organisms present. The lozenges contain two active ingredients—an antiseptic (Merodicein, H.W. & D., 1/8 gr.) and an anesthetic (Saligenin, H. W. & D., 1 gr.). Relief from soreness and irritation is provided by the action of these drugs on the mucous membranes of the throat and mouth.



Complete information and literature on request.

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turned in for shares.

Today the purchase of convertible bonds still seems advisable for the investor who wants *security* first and the possibility of a *speculative* profit second. If the stock market continues to advance, such bonds will likewise go up. If, however, the market for shares should decline, the bonds would provide better security.

In other words, for the more cautious man who would like to take a fling in the market but who wants a greater measure of safety than common stocks allow, convertible bonds offer an attractive investment.

Cancer Crusade

THE attack on cancer is gaining impetus and is progressing along many fronts. Plans for enlisting an army of women organized to promote a nation-wide campaign against the disease were announced recently. It will be known as the Women's Field Army of the American Society for the Control of Cancer, and active enlistment is scheduled for the week of March 21 to 27. It is expected that some 300,000 women throughout the country will lead local attempts to increase public knowledge of cancer and the importance of having it treated early.

Dr. C. C. Little, managing director of the society explains that the women's anti-cancer army is being mobilized for two reasons: (1) Women suffer more from cancer than men do. (2) As leaders of public opinion, they are better equipped than men to conduct an educational campaign against the taboos and fears which blanket public discussion of the disease.

Out of a recent meeting of the joint committee of the Organized Medical and Dental Professions of the city of New York came a plan for cooperation between doctors and dentists in the early diagnosis of cancer. It was decided that it is often the dentists' responsibility to detect cancer symptoms and that they have sufficient medical knowledge to be able to make a tentative diagnosis of the disease. Dr. Hayes E. Martin, of the Memorial Hospital, urged dentists to be constantly on the alert for early symptoms of cancer of the lip and mouth. He pointed out that in many cases the clinic at the Memorial Hospital has found that credit for a first diagnosis of cancer belonged to the family dentist.

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Laying the Cornerstone of Confidence

By MILTON WRIGHT, Author of "Getting Along With People"

A woman who is frightened about her condition comes to you for treatment. She has no particular reason, other than your M.D. degree, for trusting in your ability to understand the nature and extent of her trouble. Do you know what to say to make her feel more hopeful about herself and to inspire confidence in your professional skill? The procedure really is quite simple.

You impress her with the realization that you are sympathetic and confident, that she can depend on medical science to give her relief. In addition to this, however, you show her that you know far more about her case than she does—even about those phases of it which she supposes are her particular secret.

There is no surer way to win a patient's confidence in your ability than to tell her something which SHE *already knows, but which she doesn't think* YOU *know.*

This was illustrated recently in the office of a general practitioner in a small Mid-western town. A young woman entered in a state of intense nervous excitement. Her eyes were protruding. There was a very perceptible throb in her throat. Her movements were quick but unsure. Any doctor could have told at a glance what her trouble was.

"Doctor," she exclaimed, "I'm frightened!"

"What about?" asked the physician.

"About myself. Let me tell you what happened on the way to your office. You know, of course, I live on the north side of town. Today I walked down here. When I got to the railroad crossing, a train was approaching and I had to wait until it passed—" The doctor interrupted.

"Wait a moment, Mrs. Bradshaw. Let me finish it for you. Weren't you going to tell me that you had an almost irresistible urge to throw yourself under the wheels of the train?"

"Why, yes!"

"And weren't you going to tell me that you don't know why you felt the urge, but that something seemed to draw you toward the tracks against your will? You may even have had to clutch tightly to a post to hold yourself back."

"I did. But how did *you* know?"

"I've heard the same story before. You are not the first woman, Mrs. Bradshaw, who has wanted to throw herself under a train."

"But I don't want to commit suicide; I want to live."

"Of course you want to live."

"But I get so nervous that I seem to go all to pieces."

"Yes. I know just what it's like. Your heart seems to race faster than your strength can stand. And there's that throbbing, throbbing, throbbing in y o u r throat. And your eyes seem so strained. Am I describing it correctly?"

"Yes, yes! What is it?"

"It's exophthalmic goitre."

"How horrible!"

"No; it can be cured. You recall that I told you I had heard before about this impulse to leap beneath trains? Well, the woman who first told me that is now as well as I am. Not only is she in perfect health once more, but all trace of nervousness has disap-

peared. She is calm, poised and serene, just as you are going to be."

•

At that point, although the patient didn't realize it, she had already started toward improvement. The easing of her mind at the first interview was just as important a step as any item in the long course of treatment that followed.

In many a case a woman's knowledge that she is sick makes her all the more sick. She believes that she cannot recover; and that belief is what retards recovery. She fears that the children are not being taken care of properly while she is helpless; she doubts that the doctor fully understands what is the matter with her; she is afraid that she is being given the wrong course of treatment; she worries about the expense of her illness; she frets at the slowness of her recovery. She may be excitable or listless or despondent or irritable or any one of a hundred other things that are both an effect and a cause of physical illness. In every case, however, the physician can instill confidence.

In the case of the woman with exophthalmic goitre, you will notice, her physician didn't wait until fears of his ability had been expressed, or even hinted at. He scotched them right at the outset by showing the patient that he knew so much about her condition that he was even aware of the suicidal urge. *Better than removing doubts is making it impossible for them to arise.*

If someone were to compile a set of rules for the physician to apply in inspiring confidence they would read something like this:

1. Have confidence in medical science to help the patient and in your ability to find and apply the remedy.

2. Say something to show the patient you have such confidence.

3. Prove to the patient that you know more about his case than he does.

4. Never, by word, action, or manner, give any suggestion of lack of confidence. You may, of course, defer judgment when making an examination; but to show hesitancy or indecision is fatal.

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To delinquent city employees I send notes to the effect that I plan to ask the head of their department why my bill has not been met. Many such delinquents offer to pay up in a hurry; some arrange to pay on a definite date; others ask to settle by instalments. The urge to pay is created by their anxiety to keep news of their delinquency from their superiors.—M.D., Long Beach, California.

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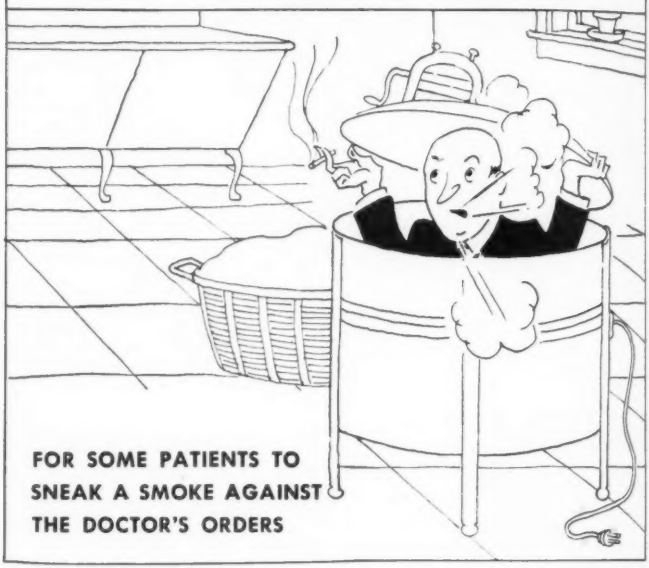
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Hands Off Physical Therapy!

Mr. Thorpe got stomach ulcers exercising during his noon hours in a "health institute." Mrs. Eppel burned her baby under a sun lamp. How can the average doctor protect such people from quacks and from dangerous equipment? Here's sound advice from a physical therapist of international reputation. Dr. Kovács' multifold offices include that of secretary of the American Congress of Physical Therapy and director of physical therapy at New York's Polyclinic and City Hospitals.

By RICHARD KOVÁCS, M.D.

SIGNS appear everywhere nowadays for lay physiotherapists, lay electrotherapists, and "health institutes." Radios extol cheap diathermy machines that will cure everything from arthritis to zoster. Barber shops, department stores, beauty parlors, and drug stores compete in offering vibrators and ultra-violet-ray lamps. The public, never averse to self-diagnosis and self-prescription, is buying.

Such remedial measures, potent to do good, are potent to do harm when applied by the unskilled. Only a physician who knows the "when, where, and how" of safe application should employ them or supervise their use. Otherwise, the dangers are real, as a few random cases will illustrate.

A state-licensed technician undertook to cure a case of sciatica. After a few weeks' treatment, during which the patient almost collapsed, the "sciatica" turned out to be a large tumor in the spinal canal. The necessary operative removal was almost fatal because of the insult to the patient's condition by forced physical measures.

In another case, technician-diagnosed arthritis of the leg was treated for months at a privately-owned gymnasium. The "arthritis" proved to be endarteritis obliterans.

A salesman of a home diathermy apparatus promised relief from swollen legs and shortness of breath. His "patient," it turned out, had advanced cardiac degeneration and nephritis.

Such abuse of beneficial apparatus must be prevented. It can be, to a degree, by more extensive knowledge of physical therapy among physicians. Even though a man does not use physical therapy measures himself, he should nevertheless be acquainted with their increasing employment and ever-widening relation to medicinal, surgical, and hygienic measures. In some conditions at the present time physical therapy may supplement medicinal or surgical procedure; in other conditions it may be the primary method, with medicine or surgery as adjuncts. Your patient may guess at advantages; you should know.

During the past few years state medical organizations (like that of New York) and the A. M. A. Council on Physical Therapy have

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Perfectly comfortable.

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done notable work in offering practical instruction to general practitioners by way of single lectures and short lecture courses. Competent speakers on physical therapy for medical organizations may be secured by writing to the Committee on Education of the A. M. A. Council on Physical Therapy.

In contrast to the paucity of reliable printed information available ten or fifteen years ago, authentic textbooks and monographs on every phase of modern physical therapy, as well as sound periodicals on the subject, may now be obtained. Clinics at many hospitals are open to physicians who wish to see actual applications. Extended postgraduate courses are available at leading institutions such as the Polyclinic Medical School and Hospital in New York and the Northwestern University Medical School in Chicago.

Quackery and lay meddling in physical therapy have been invited by its technical aspects. Doctors are not primarily machine-minded, and the machine-minded have rushed in. Yet medical men need not hesitate to use the apparatus, or feel that, because machines are needed, too many are necessary. A minimum of equipment suffices for the doctor practicing physical therapy, and mastery of the technic of application is not difficult.

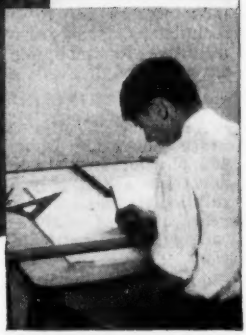
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Infra-red and ultra-violet lamps, for instance, call for knowledge of the correct distance between patient and instrument and the proper length and frequency of treatments. With electrical-treatment apparatus, the physician must know the size of electrodes, positions in which to apply them, current length, duration of treatment, and the dangers involved. Adequate clinical experience and information teach him what to expect, physically and physiologically, from various types of the new apparatus.

It may be well to state here the



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means taken by the law and by medicine to define technicians. Unfortunately, during the growing period of physical therapy, a good deal of misguided legislation was instituted. As a result, technicians have been licensed to set up their own offices—nominally under the supervision of physicians. Ten years under such a statute in New York have shown that it works neither to the public's interest nor to that of lay technicians. It has also proved an incentive for lobbying for more extended privileges.

•

According to the New York State Education Department, of 452 physiotherapists licensed under the statute, only 34 actually fulfilled its requirements (a four-year course of study and a satisfactory examination for admission). Though many in this group are honest and dependable, a number have made themselves conspicuous by flagrant advertising and by openly practicing medicine. Confused hospital administrators have discriminated against unlicensed but well-trained and ethical technicians in favor of licensed ones with no proved educational background.

Regulation of lay personnel has been handled more satisfactorily by the profession. Through the cooperation of the A. M. A. Council on Medical Education and Hospitals, the American Congress of Physical Therapy, and the American Physiotherapy Association, standards for training and examination have been adopted, and the American Registry of Physical Therapy Technicians set up. Registered technicians do not engage in independent practice. They act solely through the medical profession and should be preferred.

Physicians using physical therapy, or planning to use it, or wishing to understand it more thoroughly have a common campaign to wage against the quack. In this connection, there follow a few practical suggestions.

In instituting the practice of physical therapy, the physician should give every treatment himself. Thus he will learn the importance of each technical detail and, moreover, emphasize the professional use of the technic. Patients also are more appreciative. Many successful older men have never employed technicians, and attribute their success in the new field to the greatly increased familiarity with patients' conditions which close observation gives.

•

A physician who does employ a technician should always begin the treatment of each patient himself and remain on hand during as much of the treatment as possible. On subsequent visits, he should make it a point to be present, too. Turn a patient over to your technician entirely, and he may hunt out a technician on his own account.

Many physicians like to train their own technicians. Grounding

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A dilution of one part Hexylresorcinol Solution with two to four parts warm water is suggested for irrigations and for nasal tampons. Application topically or by spray may be made full-strength or in dilution. Where it is desired to apply an antiseptic to the pharynx, larynx and trachea, the use of a spray of Hexylresorcinol Solution is especially indicated.

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the future technician in anatomy, physiology, pathology, and handling the sick, as well as training him in physical therapy, provides a better assistant than the average office girl taught merely to operate a switchboard and apply electrodes.

The primary danger in physical therapy administered by laymen is wrong diagnosis. Therefore, no physician honestly serving his patient and keeping in mind the threat of quackery, will initiate any form of physical treatment until he has established a working diagnosis by all available methods. If, for the relief of pain or other symptoms, some form of physical therapy is applied before a diagnosis, the patient must understand the situation clearly. Thus the physician will save himself criticism by his colleagues, by his patient, or by the latter's friends. As far as possible, the use of physical methods as placebos should be avoided.

•

Some chronic patients develop a treatment habit. They should not be encouraged; but at the same time their needs must be considered. If some form of physical therapy keeps them comfortable and does not stand in the way of other indicated treatment, it is better to give them physical and moral support than to let them drift. The treatment habit is far less dangerous than habit-forming drugs. Besides, if you abandon the patient, a quack therapist may snap him up.

Physicians should not give treatments beyond a reasonable length of time. If there are no results, they should review the diagnosis and analyze the treatment. The first may be wrong; the second, inappropriate or inefficient.

Fifteen years have passed since the first meeting of the American Congress of Physical Therapy. Well-equipped and well-directed departments in the specialty exist in practically all metropolitan hos-

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pitals. The departments of the U. S. Army, Navy, and Veterans' Bureau hospitals have standardized many physical therapeutic procedures as daily routine in a variety of medical and surgical conditions.

Physicians unfamiliar with the value of measures of such proved worth should refrain from criticizing or advising against them when proposed by a colleague of good standing. Those familiar with the specialty but lacking time or equipment for pursuing it in their own offices should refer patients to competent brother physicians, never to technicians. The physician who fails to do this will find his patients and their friends drifting into some cultist's office, and himself receiving fewer and fewer referrals through failure to play square with the profession.

Pioneers for the more extended use of physical therapy by the medical profession have frequently encountered men who bring to mind the saying, "We are most 'down' on the thing on which we are least 'up.'" Practitioners who refuse to recognize the value of well-conceived, properly applied physical measures, or who continue to remain ignorant of it, are driving many of their patients, interested in new developments, to quacks. An open-minded attitude on the part of every M. D., together with positive knowledge, will help to protect the public and curtail encroachment by irregulars.

Don't Explain the Rx

That not all readers of the November article, "What's in a Prescription?" agreed with the author was evidenced by the volume of letters received criticizing his suggestions. A few of the more pointed ones follow.

WALTER E. ABELL, M. D., St. Louis, Missouri: After all, prescriptions are written for the perusal of druggists, not to appease patient's curiosity.

If the patient is intelligent, he is interested only in being cured. He either has confidence in the physician of his choice, or he goes elsewhere.

Your author, it seems, would have every doctor a one-man school of pharmacy. Next thing we know, other branches of medicine might be invaded. Utopia! Every man his own doctor! After a patient had poisoned all his neighbors, there would be no necessity for wars. Druggists could sell tires for chain stores, and doctors could go fishing.

HARRY C. AITKEN, M.D., Berkeley, California: In "What's in a Prescription?" it is declared that "that patient is nobody's fool," and that we should sit down with him to explain the ingredients in his prescription. The example cited—a cough mixture—and the explanation of it rather belies the fact that the patient is nobody's fool. He is told that "ammonium chloride is used as an expectorant—makes it easier to produce and bring up the phlegm." Then, he is told that "codeine acts as a sedative and tends to suppress the cough reflex." That means stopping the cough—keeping the phlegm down. If the patient isn't a fool, shouldn't he ask, "Why make it easy to bring up and then try to keep it down?"

NAT KANNER, M. D., Brooklyn, New York: Your author wants us to write prescriptions in simple, plain English so that the patient can read them. He also wants us to go further—to ex-

XUM

Tilden Has Kept Faith With Physicians



IN
INFLUENZA, PNEUMONIA AND INANITION FEVER
FEBRISOL LIQUID or ℞ ANTIPYRETIC LIQUID

Where abnormal temperature is due to blood concentration, these prescriptions, named to distinguish their formulae, diminish this cause, thus checking the upward course of fevers.
8 oz. bottles of either of these ethical preparations are available at most prescription pharmacies or direct from

THE TILDEN COMPANY
The Oldest Pharmaceutical House In America
New Lebanon, N. Y. ME 1-37 St. Louis, Mo.

Prolonged IODINE MEDICATION WITH THE UNDESIRABLE FEATURES MINIMIZED

In chronic cases which require treatment with iodine over an extended period, it is desirable to use a form of iodine that may be administered, for months at a time if necessary, without toxic effect.

RIODINE
(ASTIER)

With Riodine, an iodine addition product of castor oil having an iodine content of 17% of its total weight, effective iodine medication may be administered over long periods with little fear of gastro-intestinal or other iodine disturbances.

Write for Information and Sample
ME-R

GALLIA LABORATORIES, Inc.
254-256 W. 31st Street New York

plain to patients the action of drug ingredients. How asinine!

A patient is no more entitled to know what's in a prescription than he is to help himself to the doctor's bag. A prescription is more than a list of drugs. It is a psychological weapon in the physician's therapeutic armamentarium.

WILLIAM KROPF, M. D., New York City, New York: The old adage of a little knowledge doing a great deal of harm certainly applies here. Imagine the reaction of a patient told that a prescription contains aspirin and phenacetin to break up his cold. He might feel that no matter what fee is charged, it is too high a price to pay for aspirin.

More important, medication has a psychological effect. At times we even give placebos to that end. The psychological effect would be lost and we would undermine the confidence of our patients if the latter read "aspirin" on a prescription blank.

No aura of mystery is attached to prescriptions except among those who look for it. Not intended for patient's perusal in the first place, they are merely compounding orders to pharmacists.

No one ever claimed that the present-day patient is "anybody's fool." The average person is fully confident that his physician knows the action of any drug prescribed. He is willing to let it go at that.

JACOB M. GORDON, M. D., Philadelphia, Pennsylvania: As a physician and pharmacist, I believe I can offer certain criticisms of your article from the angle of the prescriber as well as the dispenser.

1. As messages from the physician to the pharmacist, prescriptions are important enough to be kept confidential between the two.

2. How many physicians have the time, patience, or inclination to go over individual ingredients with each patient when many others in the reception room are

waiting their turn?

3. Let us consider ourselves as patients. Personally, I would not care to know the ingredients of the prescription ordered for me by a fellow physician.

4. What about discussing the ingredients of a placebo with a patient and telling him its purpose?

5. Many drugstores have their pharmacy departments entirely exposed. That may help to remove the so-called mysticism from the compounding of prescriptions.

6. Many patients peddle their favorite prescriptions for coughs, dyspepsia, etc. to their neighbors. Their intentions may be good, but the physician suffers from the loss of consultation fees. If we give patients more explicit information about prescriptions, they will be able to exploit them on a wider scale.

J. EDWIN REED, M. D., Cincinnati, Ohio: Why not write "paregoric" instead of "Tr. Opii Camph."? Simply because many people will get results from the latter which they will not obtain from plain paregoric. In my own experience I can cite cases of patients who say "Doctor, I simply can't take aspirin," but who do well with Ac. Acetyl-salicylium.

The patient puts himself in his physician's hands for "cure sometimes, relief often, and comfort always." To argue that it's the patient's body, pain, and money that are involved, and that, therefore, he should supervise the physician, is ridiculous.

It does stimulate confidence to explain, in a comprehensible manner, a patient's ills and what you intend to do and how. But by no means is it necessary to give a short course in pharmacology to everyone who applies for treatment.

Then there was the woman who asked her doctor whether he charged reduced fees for children.

During
HUSKY THROAT
Days



CAMPHO-PHENIQUE

Sore and husky throat weather is here once more. There is not a finer antiseptic gargle for clearing up laryngeal infections than CAMPHO-PHENIQUE.

Half-strength, if effectively combats most pathogenic bacteria . . . soothes mucous membranes . . . without the slightest irritation.

Patients (especially children), like the clean, refreshing taste of CAMPHO-PHENIQUE.

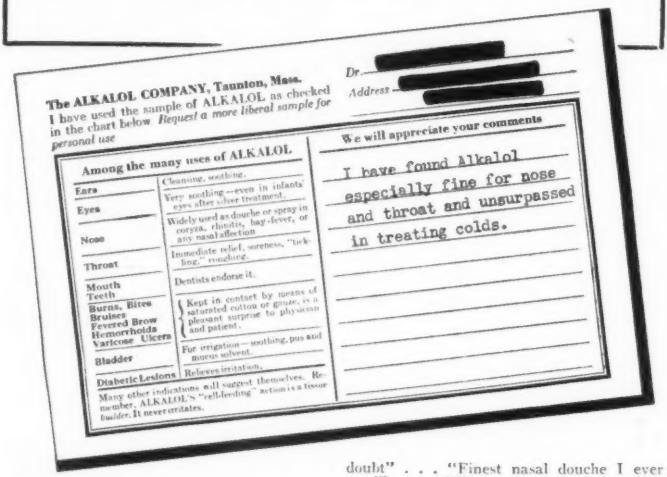
In Nose Colds—as a spray, CAMPHO-PHENIQUE tends to shorten the stay of colds and to materially decrease the discomforts they cause.

CAMPHO-PHENIQUE contains tamed phenol—the full antiseptic power of the phenol is retained and its caustic properties obviated.

For all routine antisepsis procedure, keep a bottle of CAMPHO-PHENIQUE on hand. Send for clinical samples and test its efficiency for yourself.

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500-502 North Second St., St. Louis, Mo.
Please send Campho-Phenique samples and literature. ME-1
..... M.D.
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..... City ..... State

Next Time You Treat A Cold Remember These Few Words



For more than 30 years Physicians have used and prescribed Alkalol for treating the common cold. The card above is but one of *thousands* I have received telling me of its efficacy. And right now, when you're faced with winter's biggest problem, the common cold, is the best time for you to try Alkalol.

ALKALOL AVOIDS ADDITIONAL IRRITATIONS

Many head-colds will be prevented if the nasal tract is kept clean, for without a doubt the nose often acts as an incubator for bacteria.

Nasal cleanliness is no problem when Alkalol is used, for Alkalol is a pus and mucus solvent, allays irritation, reduces congestion and has a pleasant refreshing taste and odor. Different from the germicides so much exploited for oral hygiene, Alkalol can be used full strength in eye, ear, nose, wounds or burns, rash or irritation.

Let me tell you what thousands of Physicians have written about Alkalol in absolutely *unsolicited* testimonials—"Wonderful success with Alkalol in treating and preventing head-colds" . . . "Results amazing" . . . "Wonderful in the treating of inflammation anywhere" . . . "Patients find it comforting and soothing" . . . "It has been my winter stand-by for 15 years" . . . "It fills your statements beyond a doubt" . . . "Finest nasal douche I ever used" . . . "Very efficacious in treating head-colds" . . . "Perfect for treating irritations of the mucous-membrane" . . .

SIMPLE TEST TELLS VOLUMES

Let me send you a free eye-dropper bottle of Alkalol. Then try it in your own eyes. Alkalol has such a wonderful soothing, healing action on the delicate membrane of the eye that it has been used for years to clear the eyes of infants after silver treatment.

Doesn't it stand to reason, Doctor, that if Alkalol has been so successful in treating such a supersensitive organ as the eye, that it must be equally efficacious as a douche or spray in coryza, rhinitis, etc.?

* * *

Please remember that Alkalol is a delicate product and should not be dispensed from open containers. Prescribe Alkalol in original 8 or 16 ounce bottles.

Your card or letterhead will bring a FREE SAMPLE of Alkalol today.

(Signed)
J. P. WHITTERS

The ALKALOL Company
Dept. MA7
Taunton, Massachusetts



★ *Gonorrhea Slighted*

In spite of the fact that gonorrhea is contracted twice as often as syphilis, about 650,000 syphilitics are treated or observed on any given day, while only 500,000 victims of gonorrhea receive attention. The U. S. Public Health Service has arrived at that conclusion after sampling some 29,000,000 of the nation's population. Gonorrhea should be given a prominent place in the limelight now being shed on syphilis, it believes.

★ *To Assure Accident Fees*

Chances are that the 1937 Ohio legislature will be asked to pass a physicians' lien law (see December issue, pages 16 and 75). A committee has been authorized by the state society to draft such a statute.

Since 1935, the committee has been gathering facts about lien laws from medical association officials in states where they are in effect, conferring with other groups interested in such legislation, and considering alternative methods of assuring physicians of just recompense for services rendered to auto-accident victims who win damage suits.

Connecticut, too, is looking toward protection of its physicians. Three recommendations have been made to Governor Cross by the state financial responsibility commission composed of a superior court judge and the state commissioners of insurance and of motor vehicles. These are the recommendations: (1) Establish a fund to pay for medical treatment of any resident of Connecticut injured by an automobile on a state highway. (2) Change the statutes so as to permit the commissioner of motor vehicles to withhold an operator's license until his financial responsibility is proved following an accident. (3) Re-enact statutes (defunct since 1931) authorizing suspension of the driver's license of anyone failing to satisfy a judgment.

The fund suggested might be created by raising current auto-license and registration fees, says the financial responsibility commission. From it could be paid medical, hospital, and nursing fees up to $300. To insure immediate recompense for treatment given to accident victims, the commission hopes that payments from the fund will be made without reference to whether an injured person is at fault or is entitled to recover damages.

★ *Viennese Peccadillo*

The Cafe Edison, for some time the headquarters of the American Medical Association of Vienna was raided by police recently. Viennese authorities claimed that the cafe's headwaiter and other employees had been engaging in illegal manipulations—exchanging dollar notes at prices well under the official rate for the schilling.

★ *Nurses Quit Short Hours*

Encouraged by reports from several Eastern cities, registered nurses in five Oklahoma centers (Shawnee, Chickasha, El Reno, Guthrie, and Oklahoma City) recently adopted the eight-hour day. They planned to give it a six-months trial; however, in two weeks they had returned to the old twelve- and twenty-hour shifts, abandoning their effort to

spread nursing work and to give nurses more time for leisure and recreation. Reversion to the old schedule was caused, it is said, by opposition from members of state and county medical associations, and by dissatisfaction among individual physicians and patients. Dr. Louis Ritzhaupt, of Guthrie, has summarized the objections as follows: "Sponsors of the plan have forgotten the ideals and high calling of the nurses' profession, and are placing it on a level with trade unions. It is the duty of a nurse to attend her patient regardless of hours. A real nurse will not leave a case knowing that a person's life depends on her attendance."

★ *Sharp Insurance Selling*

On Denver members of the Colorado State Medical Society a glib salesman is trying to unload ridiculously cheap automobile insurance policies. The apparently record low premium is made possible, according to the salesman, because the policies are placed only on the "fleet" of cars belonging to members of the medical society. Into his sales talk is constantly woven the implication that the state organization owns a so-called "master policy" and sponsors the low-premium individual contract. The Colorado State Medical Society, like a number of other state societies, has had to inform its members that no insurance salesman has the prerogative of using the organization's name in any way to support his sales approach. It has been revealed that policies sold by the agent are written as being issued to "Dr. John Buyer and/or the Colorado Society of Denver." There may be such an organization, admits the state society, but it certainly is not the Colorado State Medical Society.

★ *Girls' Credit Club*

Physicians' secretaries are beginning to share actively their employers' interest in credit bureaus. Sixty-one office assistants of physician and dentist members of the Sedgwick County (Kansas) Medical-dental Credit Bureau recently attended the initial meeting of that organization's new subsidiary, the Credit Club. The secretary group is to meet on the first Tuesday of each month. Proven collection methods and successful credit policies will be described for them. The county medical society predicts that the project will work vast improvement on medical and dental collections.

★ *Three Lectures at Once*

Physicians who attended the recent postgraduate assembly sponsored by the Oklahoma City Clinical Society praise its plan of keeping three lecture halls running simultaneously during the session. Tried out in 1935, and repeated in 1936, the idea has proved so successful that it is expected to become a regular



TWOFOLD ACTION

1—Controls the weakening, distressing cough which serves no useful purpose.

2—Loosens tight and viscid secretion in the bronchial passages and aids in its expulsion.

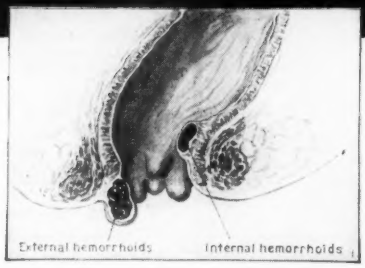
GLYKERON

A BRONCHIAL SEDATIVE • A STIMULATING EXPECTORANT

Contains no sugar...very palatable...supplied in 4 oz., 16 oz. and half gallon bottles. *Literature on request.*

MARTIN H. SMITH COMPANY • 150 Lafayette St., New York

The latest advance in the treatment of PRURITIS ANI and HEMORRHOIDS



Salicylic acid in the form of an ointment or in combination with other medicinals has long been used for the relief of pruritus ani and related anorectal disorders.

KI-UMA OINTMENT offers the most important advantages of the newly discovered salicylic ester, salicylic ester dihydroxethane, which is more penetrating, more effective and less irritating than salicylic acid itself.

In addition, the KI-UMA base, derived from a tropical tree, is soothing, antiphlogistic and protective. The combination of these two elements in KI-UMA OINTMENT results in a preparation which is markedly antipruritic and analgesic. It produces striking effects in relieving the torments of those suffering from pruritus ani either uncomplicated or associated with hemorrhoids, fissure, or perianal eczema.



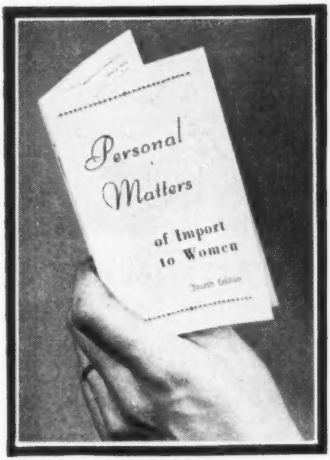
KI-UMA OINTMENT, furthermore, obviates the necessity of frequent insertion of suppositories—a practice which can become very messy and objectionable.

Here is a suggestion: select several patients with severe pruritus ani; or a patient suffering from hemorrhoids in whom pruritus ani is a prominent complaint. Prescribe KI-UMA OINTMENT and see for yourself how promptly it relieves the distressing symptoms. *Complimentary package for clinical trial sent on request.* E. FOUGERA AND CO., Inc., 75 Varick Street, New York City.

KI-UMA OINTMENT

For Your Patients

• • • THESE BOOKLETS



Written by a physician, we have published these booklets to save the doctor's time. You can give them to your patients, thus being sure that they will have for ready reference the information that you would have them know. Almost a half million booklets have been distributed by physicians during the past four years.

We would be glad to send you a free supply for your patients, and to send you also a sample package of Tyree's Antiseptic Powder — a non-irritating, soothing effective agent widely used in the treatment of Leucorrhea, Cervicitis, Endometritis and Vaginitis, and for routine hygiene.



Dept. ME-1-37

J. S. TYREE, CHEMIST, Inc.

15 and H Sts., N. E., Washington, D. C.

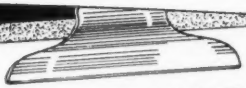
feature at future assemblies. Its fundamental purpose is to assure those present an opportunity to listen to papers on the subjects in which they are most interested. At the last meeting the three lecture halls adjoined one another in the hotel used as assembly headquarters. Topics presented in the several meeting rooms were coordinated so that their subject matter did not conflict. In a so-called main lecture hall each speaker held the platform for 45 minutes. Programs in the two subsidiary halls were run on a symposium basis. In them three local doctors gave twenty-minute discussions of different phases of a given subject. Then a recognized authority invited for the purpose followed with a thirty-minute talk ranging over the entire field. In this way, more than 100 hours of postgraduate symposia were presented during a four-day meeting.

★ *Eyes on Society Seals*

Citizens of New Jersey are getting visual evidence that their physicians have an alive and active state medical society. Windshield stickers reproducing the state society emblem are being distributed to members from state and county society offices. Small enough to be dignified, yet of a size to attract the eye, the stickers have already elicited many favorable comments from physicians and laymen. Serving the same purpose as the windshield emblems, are seals to be attached to physicians' stationery. Both types of sticker are available at a nominal price.

★ *Short-Circuit Study*

By scheduling clinical programs identical as to personnel and subject matter but presented on different dates before its various branches, the Philadelphia County Medical Society believes that it has solved a vital problem in its educational work. The plan worked to a T recently. A



CASE REPORTS
illustrating the value of
GADOMENT
(PATCH)
in Skin Conditions

Only a few of the many case reports showing the clinical efficacy of Gadoment:

CHRONIC ECZEMA on right leg. Material improvement in 24 days with Gadoment. Complete healing in 87 days.

BURN, second and third degree, on right leg from ankle to knee. Seen 18 days after onset, there being no evidence of healing from either tannic acid or picric acid. Gadoment left on for 7 days cleared up the infection. Complete filling in with granulation tissue occurred after 26 days of treatment with Gadoment.

VARICOSE ULCER, duration 6 years. Considerable improvement in symptoms and appearance after 21 days of treatment with Gadoment.

TRAUMATIC ULCER, 2″ in diameter. Completely filled in with granulation tissue after 21 days' treatment with Gadoment. Discharged as healed 14 days later.

Let us send you a trial tube of Gadoment, so that you may prove its value in a resistant case of varicose ulcers, burn, eczema or other skin condition of a similar nature.

THE E. L. PATCH COMPANY
BOSTON • MASS.

THE E. L. PATCH CO. Dept. M.E. 1
Boston, Mass.

Gentlemen: Please send me a tube of Gadoment for clinical trial.

Dr. .....

Address .....

City ..... State .....

group of leading syphilologists appeared before the society's several components one after the other. At each meeting the program was the same. Thus, any physician unfortunate enough to miss the program in one section of town was able to catch up with one just like it in another section.

★ *The Next Crile*

The profession has been assured that one of its great names will grace it for another generation. On the first of this month Dr. George W. Crile, Jr., took up his duties as an intern at the Roosevelt Hospital in New York City. He is serving on the gynecological staff.

★ *D.O.'s Sow Seeds*

With the help of their national organization, osteopaths are publicizing by mail their professional concepts and what they believe to be the advantages of osteopathy. The medium is a 24-page periodical, *Osteopathic Health*. It is made available to D.O.'s at intervals by the American Osteopathic Association. Dressed up with brightly colored covers, the pamphlets contain short articles designed to convince the public that osteopathy is the modern highway to health. Osteopaths who distribute these pamphlets, in addition to having their names printed on the outside back cover, often enclose their professional cards.

★ *Ace Accident-Fraud Ring*

Chicago, erstwhile bailiwick of bootleggers, takes the prize as the nation's number one center for ambulance-chasing, according to facts uncovered last month. Investigation by the police has revealed that the Windy City shelters an ambulance-chasing organization of more than 100 persons—lawyers, doctors, undertakers, private-ambulance operators, and hospital attaches.

Accidents are reported to the group's headquarters over a short-wave radio tuned in on police station broadcasts. An elaborate card file is maintained of attorneys, surgeons, and insurance-claim adjusters capable and willing to promote accident swindles.

As soon as a police report of an accident is picked up by the ring's radio, its agents hustle off to the scene of the accident or to hospitals. There they contact victims, and "sell" them the idea of signing contracts to "guarantee" them legal representation. Actually, the police explain, the documents make certain that victims will be thoroughly chiseled if any settlements are made.

★ *Facials as Placebos*

Sick or well, injured or whole, a woman is always anxious to look her best. Firm belief in the foregoing has led the Concord (New Hampshire) State Hospital to establish a beauty parlor for its female patients. The



the dependable urinary antiseptic

CYSTOGEN

methenamine in its purest form

Cystogen is particularly valuable in non-tuberculous infections, such as cystitis, pyelitis, urethritis, etc. It sets free, in the urinary tract, a dilute solution of formaldehyde which flushes the genito-urinary canal from the kidney to the meatus. Cystogen also eases renal and vesical discomfort and in ordinary therapeutic dosage produces no harmful reactions. In 3 forms: Cystogen Tablets, Cystogen Lithia, Cystogen Aperient. Free samples on request.

CYSTOGEN CHEMICAL CO., 882 3rd Ave., Brooklyn, N. Y.

WHAT SHOULD BE PRESCRIBED IN

CHRONIC RHEUMATISM?

Lysidin bitartrate, to promote elimination of protein disintegration products.

Iodo-propanol-sodium sulphonate, to supply indicated iodine and sulphur.

Calcium gluconate, to furnish necessary calcium and prevent its precipitation.



COMBINED IN THE FORM OF

LYXANTHINE ASTIER

these agents bring about the rapid disappearance of peri-articular infiltration, subsidence of swelling, stiffness and numbness, pain relief, increased articular motility.

LYXANTHINE ASTIER makes it possible gradually to discard the use of salicylates, aspirin or other analgesics.

It is very well tolerated by the stomach and intestines. It acts on the digestive system in the manner of a cholagogue and, without causing colic, promptly regulates the intestinal and hepatic functions which are disturbed in many patients suffering with chronic rheumatism.

Prescribe Lyxanthine Astier in your cases of chronic rheumatism. The results will win you the gratitude of your patients.

Dosage: 1 teaspoonful, well dissolved in a glass of water, every morning on an empty stomach, for 20 consecutive days. Repeat if necessary.

For further information and sample please fill out and mail coupon.

GALLIA LABORATORIES, Inc.
254 W. 31st Street New York, N.Y.

Please send sample and literature of Lyxanthine Astier

Dr. .....

Address .....

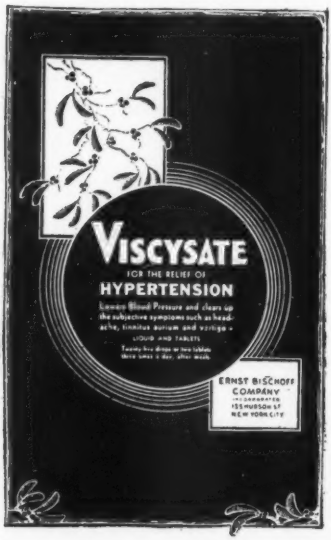
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L5 ME

STORM



Worn, the world over, for every condition requiring Abdominal Support.
Every belt is made to order.
Ask for literature
Katherine L. Storm, M.D.
1701 Diamond St., Philadelphia



salon opened last month. Dr. Charles H. Dolloff, hospital supervisor, reports that convalescent women have been "scrambling for appointments." He adds that facials, permanent waves and other aids available gratis in the hospital beauty parlor go far toward helping inmates to maintain their morale and toward hastening recovery.

★ *Match Mechanic*

Thomas H. Staggers, of Cleveland, a "mechano-therapist," was seized recently with a desire to show the world that he has steady nerves. He sat down at his dining-room table and proceeded to pile 3,585 matches on top of an empty beer bottle. It took him all one night and part of the next day. "You have to be steady about it, figuring out the right balance," he declared later. Added Mrs. Staggers, "It was cute to watch him."

★ *Buying Longevity*

Thirty-three years ago a far-sighted, 67-year-old woman invested in an annuity offered by a leading insurance company. The amount of her investment was $21,821. She has lived to receive $87,285 in annuity income instalments, and admits that the purchase of freedom from financial worry is responsible, in part, for her reaching one hundred years of age.

★ *M. D.'s Own Foundation*

The Colorado State Medical Society finds itself the recipient of an unusual financial blessing. Dr. Walter W. King, in his presidential address at the society's convention, in September, 1935, suggested establishing a Colorado Medical Foundation. His advice was accepted. About a year later the foundation was launched. In brief, its purposes are to help the society weather economic storms; to improve scientific meetings,

DOCTOR, let us illustrate: —

STORE BOUGHT HOME PREPARED STRAINED VEGETABLES



Raised under varying conditions as to seed, soil, cultivation, etc.



Delayed by transportation and sometimes lengthy storage which impairs quality.



Store vegetables often lose value from improper display, or slow sales.



Home cooking, with unavoidable exposure to air, with cooking water poured off, means loss of vitamins and minerals.

GERBER'S HOME GROWN SHAKER-COOKED STRAINED VEGETABLES



Raised from pedigreed seed on selected farms under supervision of Gerber's own experts.



All vegetables are grown within an hour's distance by truck from Gerber's own kitchens.



Careful preparation at proper temperatures in absence of air protects vitamins and minerals to a high degree, assuring uniformity and maximum nourishment possible under modern scientific methods.

You can prescribe Gerber's with confidence in their nutritive qualities.



Send for authoritative "Baby's Book" for distribution to your patients.

Gerber's

Shaker-Cooked Strained Foods

STRAINED TOMATOES, GREEN BEANS, BEETS, CARROTS, PEAS, SPINACH, VEGETABLE SOUP. ALSO, STRAINED PRUNES AND CEREAL.

GERBER PRODUCTS COMPANY,
Fremont, Michigan
(In Canada, Grown and Packed by Fine Foods of Canada, Ltd., Tecumseh, Ont.)

Please send me free specimen copy of the new 32-page "Baby's Book" giving authoritative information to mothers on baby care. I understand that you will supply additional copies for distribution to my patients, on request. 221

NAME .....

ADDRESS .....

CITY ..... STATE .....

postgraduate teaching, and clinical sessions; to endow research; to lend or to donate money to financially distressed members, their widows, and children. A recent report states that the foundation's assets already amount to over $4,500. Contributions have come largely from physicians, supplemented by a few unsolicited gifts from the laity.

★ *Brief Lights, Less Death*

Traffic-safety experts credit an adjustment in the timing of Manhattan traffic lights with a 90% cut in the city's auto-accident deaths. Several months ago the length of time between a red and a green light was greatly reduced. That, say traffic authorities, has eliminated so-called "light chiselers" who weave in and out of traffic to save time; has restrained impetuous pedestrians from darting across the street before a light changes; and has reduced traffic jams.

★ *Undermines Socialism*

German physicians engaged in health insurance work have hoped to maintain a semblance of private practice. But they have been set down by a decree from the Berlin office of the Insurance Physicians' League. The ukase forbids them to have separate waiting rooms for private and for insurance patients. *Verboten* also are consulting hours restricted to a private clientele. "Discriminating between private and insurance patients," declares the I. P. L.'s director, "undermines the spirit of national socialism, makes insureds feel underprivileged, and stirs unrest."

★ *Movies Feature A.M.A.*

Another cinema epic is soon to swell the tide of current medical dramas. Tentatively titled "Exposure," Hollywood's latest medical vehicle is to feature the A.M.A.'s activities against quackery, the regeneration of a young physician, and Wallace Beery.

★ *WPA Lament*

The WPA administrator for New York City let himself in for pointed criticism last month when he announced that he would dismiss a WPA medical service unit appointed by a committee representing the city's five county medical societies. "Injured WPA workers," he explained, in effect, "are to be sent to a physician chosen by the U. S. Compensation Commission. The medical man will be paid so much per visit." Dr. David J. Kaliski, chairman of the committee that had selected a roster of county society members to serve WPA employees, protested against the administrator's move. The new arrangement, he explained, would interfere with free choice, and, furthermore, should not be adopted until "a proper method was determined of appointing

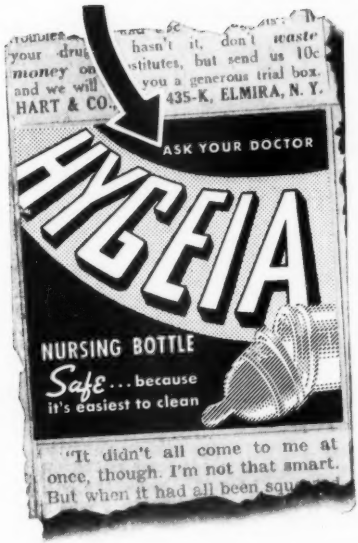
PINEOLEUM



REG. U. S. PAT. OFF.

● PINEOLEUM, for more than 30 years, has been recommended by physicians for treatment of rhinitis and acute coryza. Now in 3 forms: Pineoleum, Pineoleum with Ephedrine and Pineoleum Ephedrine Jelly. Samples will be sent upon request.

THE PINEOLEUM COMPANY
8 Bridge Street, New York City



We're passing the buck to you

WE can't tell women in cold print that unnecessary dangers of food contamination live in ordinary bottles and nipples largely because mothers may do a careless cleansing job. Not without being lustily shouted out of meeting. So in magazines reaching 30,000,000 women we simply say, "Hygeia Bottles and Nipples are safest because they are easiest to clean. Ask your doctor."

You know, better than we do, the large part that carelessness can play in food contamination, even with the most painstaking mothers.

Why not recommend the wide mouthed Hygeia Bottle and easily inverted Hygeia Nipple? They reduce to a minimum the danger of the human element in the preparation of the infant's formula.

HYGEIA

THE *safe* NURSING BOTTLE AND NIPPLE

Specially indicated in the symptomatic treatment of

RENAL, CARDIAC AND ARTERIOSCLEROTIC TYPES OF

HYPERTENSION

TABLETS

SODIUM NITRITE COMP.

(STODDARD)

used with favorable results by some of the best clinicians

- DOSE -

One or two tablets three or four times daily with a glass of water.

Literature Upon Request

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doctors under the employees' compensation commission and of supervising their work by qualified medical administrators." The WPA chief excused his move by saying, "we are trying to get our WPA medical service arranged as it is everywhere else in the country."

★ *Radiology's Medalists*

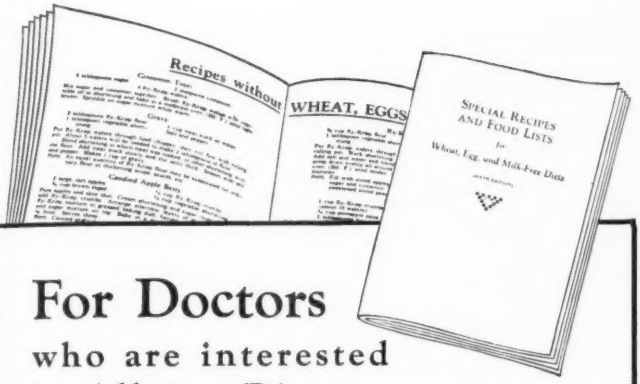
Eleven years of successful effort to obtain a standard measurement of x-ray dosage was formally recognized last month. To Edwin C. Ernst, M.D., and to Otto Glasser, Ph.D., of St. Louis and Cleveland, respectively, the Radiological Society of America gave its annual achievement award. Dr. Glasser's newly-won gold medal recognizes his development of the ionization chamber and roentgen units (x-ray yardstick which facilitates diagnosis and treatment). Dr. Ernst's award came to him for his work as a collaborator with Dr. Glasser and as the organizer chiefly responsible for obtaining worldwide acceptance of the roentgen unit as standard.

★ *Six Divide Health Title*

Nineteen boys and twenty-one girls were selected last month as champions of 4-H Health Clubs in forty states (see November issue, page 104). They gathered in Chicago to compete for the title of America's healthiest young individual. A single national champion could not be selected. Medical examiners found it necessary to divide all-American health honors among six contestants, so equally perfect physically were three boys and three girls.

★ *Retire and Starve*

Professional men in France will be obliged to retire at 65 if a bill introduced in the Chamber of Deputies is passed. It provides no substitute for earned income. One French medical journalist has pointed out that under the act he



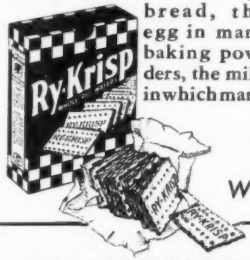
For Doctors

who are interested in Allergy Diets

. . . here's a helpful diet and recipe booklet

With this booklet your patients can more accurately follow the wheat, egg or milk-free diet you prescribe. Planned with the aid of leading allergists and dietitians, it provides complete lists of allowed and forbidden foods. Also practical advice to help patients guard against such common food anomalies as the wheat flour in rye bread, the egg in many baking powders, the milk in which many margarines are churned.

These books are for professional use and distribution only. None are ever distributed to the laity. In examining the booklet, you will find that Ry-Krisp is frequently used in the approved recipes. That's because these wafers—made of flaked whole rye, salt and water—are perfectly safe. Besides, because of their brittle-crispness and unique flavor patients gladly eat Ry-Krisp as bread at every meal. For free samples and Allergy Booklets, use the coupon below.



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WHOLE RYE WAFERS

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Dept. ME, 1852 Checkerboard Square, Saint Louis, Missouri
Without obligation, please send me samples of Ry-Krisp and Allergy Diet Booklets.

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would have to give up his work in three months and by 1939 would be compelled to resort to the bread line or to street singing. The suggested measure purports to provide more opportunity for younger men in the several professions; yet among the more vociferous voices crying down the bill is that of the Medical Students Association of France. The *Concours Medical* has referred to it as a cracked-brained dream—an alarming example of the extremes to which theorists in government can go.

★ *Assault on Pneumonia*

The New York State Medical Society has initiated a pneumonia-control program that will make hard sledding for the disease this winter. Assisting the society are the state health department, the Metropolitan Life Insurance Company, the New York State Laboratories Association, the Rockefeller Foundation for Medical Research, and the Commonwealth Fund.

The campaign is designed to teach physicians new developments in pneumonia therapy, and to teach the lay public that pneumonia is an emergency requiring instant medical aid and nursing care of the highest type.

The life insurance company has been making special efforts to obtain support for state campaigns against the disease. "Pending the possible development of a vaccine for pneumonia or an immunization procedure against the influenza virus," it points out, "the therapeutic approach to pneumococcus pneumonia constitutes a most promising and timely method of attack." To aid the "attack," the company has prepared movies, signs, and charts which are available for display at medical meetings. They support the company's opinion that the death rate for lobar pneumonia could be reduced by 30 or 40% if known means of control were consistently applied.

Reacting favorably to the example set by New York physicians, and to suggestions made by the life insurance company, the Pennsylvania State Medical Society has considered appointing a pneumonia mortality commission to promote an assault on the disease. These recent developments are similar in purpose and execution to an anti-pneumonia war waged some time ago by the Massachusetts Medical Society with the aid of the Commonwealth Fund.

★ *Worldwide Genetics*

The collection of data about the science of human genetics on a worldwide basis is the purpose of the Bureau of Human Heredity, affiliate of the International Human Heredity Committee. The bureau has made known its desire to receive from institutions and from individuals all available authenticated information on the transmission of human traits. Pedigrees are particularly desired, and facts about twins and



CONSERVATION OF ESSENTIAL ELEMENTS IN PROTECTIVE FOODS

I. MINERALS

● Considerable differences may exist between the mineral contents of foods from both the qualitative and quantitative standpoints. In fact, variation in mineral content has been noted even in the same plant variety; such variations being dependent, among other factors, upon soil or climatic conditions (1).

A striking example of the influence of one of these factors is the relative richness in iodine of field crops raised in certain coastal regions of this country where the soil is also high in iodine.

From the point of view of those concerned with human nutrition, interest in the mineral content of the food supply is usually centered around calcium, iron and iodine; since it is generally agreed that of all the essential minerals, these are the ones most apt to be inadequately supplied by the average varied diet. Conservation of these minerals in foods is, therefore, a matter of considerable practical interest.

Unlike the vitamins, minerals are not lost during storage of fruits and vegetables. However, solution losses during cooking may be severe, due to the fact that most minerals, as they occur in the plant, are soluble, or at least are extractable, by the water in which they are cooked. For example, cabbage cooked by the usual home method has been shown to lose from 21 to 72 per cent of its calcium (2).

As exemplified by these studies, solution losses of minerals in leafy vegetables are usually high. Losses in vegetables as a class are not, however, so excessive, as indicated by an average reported loss of 19.5 per cent of the calcium in seven common vegetables (3).

The average decrease during cooking in the ash content of five common vegetables has been found to approximate 37 per cent (4).

While the extent of mineral loss during ordinary home cooking methods will vary with the particular element under consideration as well as the food in which it is contained, sufficient evidence is at hand to indicate that such losses may be considerable. It is further apparent that discarding the cooking water—the usual home practice—entails a loss of valuable, essential mineral components of food.

Modern practice in commercial canning goes far in preventing these solution losses of minerals. Canned foods are cooked by the heat process accorded them while still contained within the hermetically sealed can. A minimum of water is used which also remains within the can, conserving for the consumer's use those extractable essential mineral elements which may be lost to the cooking water during home preparation of market varieties of foods.

AMERICAN CAN COMPANY

230 Park Avenue, New York City

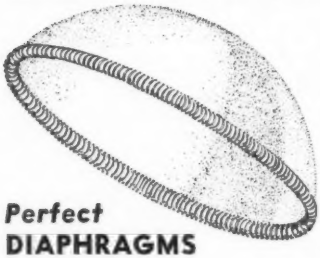
(1) 1936 J. Nutrition 11, 55
(2) 1936 J. Home Econ. 28, 18
1925 Ibid, 17, 265
(3) 1935 J. Home Econ. 27, 376
(4) 1917 Amer. J. Dis. Child, 14, 34

This is the twentieth in a series of monthly articles, which will summarize, for your convenience, the conclusions about canned foods which authorities in nutritional research have reached. What phases of canned foods knowledge are of greatest interest to you? Your suggestions will determine the subject matter of future articles. Address a post card to the American Can Company, New York, N. Y.



The Seal of Acceptance denotes that the statements in this advertisement are acceptable to the Council on Foods of the American Medical Association.

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Please send me free trade size tube of EFEDRON (Hart).
..... M.D.
.....

the results of statistical research in the field of heredity will be extremely welcome, declares the bureau. If any person or institution desires to retain the sole right of publication of their material, the bureau will honor a request to that effect. Any information submitted should include details about its source, diagnostic symptoms observed, and the names and addresses of those who vouch for the accuracy of such data. Communications should be sent to the bureau at 115 Gower Street, London, W. C. 1, England.

★ *Wages Expand*

Thanks to wage increases, at least 1,600,000 U. S. employees will be in a better position to meet their 1937 medical bills. Industries that have increased the bulge of workers' pay envelopes are steel, automotive, rubber, cotton textile, and meat packing. Specific examples: Steelworkers' hourly earnings have been raised 17% above those of 1929. The Chrysler Corporation has authorized a $4,000,000 bonus to be divided among some 67,000 employees. General Motors has added 5c an hour to its pay schedule and allocated $10,000,000 in bonuses to 259,000 workers. Over $4,500,000 has been deposited by the Standard Oil Company of New Jersey in its employees' thrift fund.

★ *Saints Preserved*

A new embalming process, developed primarily to preserve specimens for medical teaching purposes, was announced last month by the Research and Educational Hospital of the University of Illinois. It involves bleaching, gradual dehydration, and permeation with nitrocellulose compounds. John A. Weidemann, 25-year-old research assistant in the hospital's laboratory, has been applying the process to anatomical sections for the past year. He is convinced that "a body can be kept in such a state as to eliminate



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THE OUTSTANDING antiseptic ingredient in Unguentine is Parahydrecin (*anhydro-para-hydroxy-mercuri-meta-cresol*)—a stable, non-toxic antiseptic capable of demonstration in dilutions of one to several million, yet non-irritating to tissue in the 1-10,000 concentration actually used. Tests show that it has a high degree of penetration throughout a wide area surrounding its point of application. Markedly germicidal, analgesic, antiphlogistic and healing, Unguentine provides an ideal antiseptic surgical dressing for lacerations and skin irritations as well as for burns.

Sample free to physicians upon request.

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The microphotograph shows a dab of Unguentine in a Petri dish containing pus organisms. Clear halo around the Unguentine shows area rendered free from bacteria by penetration of Parahydrecin.

Norwich

Unguentine

ANTISEPTIC SURGICAL DRESSING

burial." That, he observes, might be desirable in the case of a great man—he could be saved for the eyes of posterity.

★ *Wages, not Red Medicine*

"Sickness is an increased cost which bankrupts many families, and no program for social security is complete without provision for sickness . . ." On that declaration, made by its executive council in November, the American Federation of Labor stands pat. But some of labor's nabobs disagree with the national organization, judging by James H. Anderson, editor of the Kansas City *Labor News*, who says, "Labor is not in favor of . . so-called free medical care maintained by federal, state, or local communities because such service is not always satisfactory. Those receiving such service have to foot the bill anyway, either through deduction in pay or through taxation. . . What labor wants is a decent wage—sufficient to meet the requirements of medical care . . . and other things essential to the well-being of mankind. If working people received decent wages, they could and would, when sick or disabled, employ and pay their own medical attendant, buy their own medicine, and pay their own hospital bills."

★ *Medical Loan Fund*

Poor but honest sophomores, juniors, and seniors at the Milwaukee State Teachers' College need no longer forego needed medical care because of flat purses. A medical loan fund has been made available to them, the college's student welfare committee announced recently. To obtain money with which to pay for medical service a student must evidence a good reputation, faculty certification of his potential qualities as a teacher, statements

***Doctor*—for diseases of the Respiratory Organs, consider these two Eimer & Amend specialties**

PONARIS OIL The new nasal medication for the effective treatment of Sinusitis, Chronic Catarrh, Head Colds and other disorders of the nasal mucus membranes. Ponaris Oil contains no mineral oil, narcotics or coal-tar derivatives—no Ephedrine or any similar drug. Highly endorsed by physicians who have used it.

IODOTONE In severe colds or bronchial affections, where the cough is hard and the mucous membrane dry and thickened, Iodotone, a glycerole of hydrogen iodide, will be found especially effective.

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"MAGNESIUM OXIDE

. . . is especially suitable for cases of hyperacidity accompanied by constipation. It is preferable in most cases to the carbonates or bicarbonate because it yields no gas on being neutralized."

Useful Drugs, 9th edition, 1934.

For its high acid-combining power and gentle laxative effect, Phillips' Milk of Magnesia has been the standard for over 60 years.



Children and adults readily accept Phillips' Milk of Magnesia in either the liquid or the tablet form.

DOSAGE:

As an antacid; 2 to 4 teaspoonfuls (2 to 4 tablets).
As a gentle laxative; 4 to 8 teaspoonfuls (4 or more tablets).



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THE CHAS. H. PHILLIPS CHEMICAL CO.
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for Constipation

TAXOL

Prescribe **TAXOL** routinely for the correction of constipation wherever you find this pathological factor stubbornly entrenched. You will find it especially of value where cathartics and purgatives are contraindicated. **TAXOL** is harmless and exceedingly effective, and its usefulness is completely confirmed by extensive clinical studies.



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from two of the college's medical staff that immediate treatment is essential, and a willingness to sign a pledge (guaranteed by a responsible party) to repay the loan at 2% interest within a convenient period. A $500 capital fund has been accumulated by student assessments. Freshmen are not eligible because so many leave school shortly after matriculation.

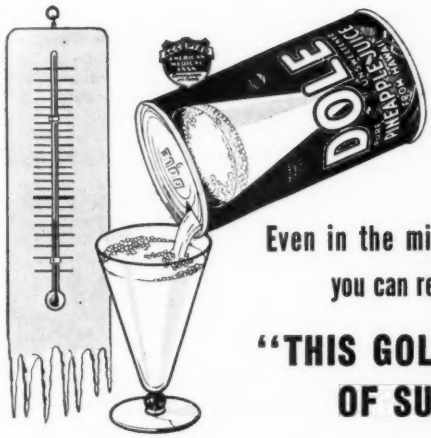
★ *Druggists as Interns*

Due to a recent amendment to the New Jersey Pharmacy Practice Act, physicians in that state are to place their prescriptions in more expert hands than heretofore. The new amendment demands that a pharmacy graduate serve a one-year internship before he can qualify as a registered pharmacist. Requirements are as follows: compounding a minimum of 600 prescriptions under the watchful eye of a licensed druggist; supervised filling of at least 60 orders for poison; visiting three to five physicians to discuss prescription dispensing; studying the manufacture and distribution of drugs. Embryo pharmacists must serve their internship in a so-called training pharmacy designated as such by the State Board of Pharmacy. Records of an applicant's career as an intern, compiled by himself and by his employer, must accompany his petition for a license.

★ *Al Interrupts Trade*

Centers of trade throughout the world were forced to take a sixteen-minute recess one day last month. The New York Stock Exchange shut off its ticker system in order to secure silence on the floor while former Governor Alfred E. Smith urged exchange members to contribute to the United Hospital Fund of New York City. The fund is used to help support 88 voluntary hospitals.

Mr. Smith mounted a rostrum in the stock exchange at 3:00 p.m.



Even in the midst of January you can recommend

"THIS GOLDEN JUICE OF SUMMER"

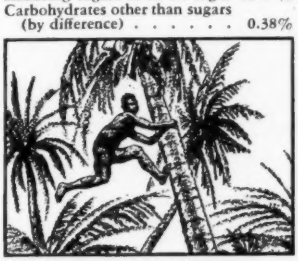
FOR, IN HAWAII, it is always summertime, whether in January or June. Through warm tropic days pineapples slowly ripen until they are picked at the peak of perfection. The Dole Fast-Seal Vacuum-Packing Process retains to a high degree the important fresh-fruit constituents of ripe pineapple.

Dole Pineapple Juice is a natural source of vitamins A, B, and C. That is why we suggest that you recommend with entire confidence this fine natural fruit juice to your patients during the winter months. It is the original pineapple juice. And it has received the Seal of Acceptance of the American Medical Association's Committee on Foods.

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Here Is a Typical Analysis of Dole Pineapple Juice:

Moisture	85.3 %
Ash	0.4 %
Fat (ether extract)	0.3 %
Protein (N x 6.25)	0.3 %
Crude fibre	0.02%
Titratable acidity as citric acid	0.9 %
Reducing sugars as invert sugar	12.4 %
Carbohydrates other than sugars (by difference)	0.38%



COCONUT TREE CLIMBER—*This native lad is climbing a Honolulu "skyscraper" with the greatest of ease. He is after the green coconuts and the cool refreshing milk therein.*

The malihini (newcomer to the Islands) always gets a thrill watching native boys scamper up the tall palms. Not infrequently young tourists attempt to imitate the tree-walkers, sometimes with painful results.

P. S. Write to us on your letterhead and we shall be glad to send you a sample can free of Dole Hawaiian Pineapple Juice. ©1937 H. P. Co., Ltd.

(most of the traders were on the floor) and did not finish his scheduled five-minute talk until a quarter of an hour later. He cited the progress of voluntary hospitals as a reason why they should have financial support. "They have given leadership to other hospitals," he said, "particularly municipal institutions which, because of red tape, cannot lead the way in medical, surgical, or nursing care."

★ *Consult Before Writing*

"Spare the pen and spoil the suit." Thus, in effect, the State Medical Association of Georgia recently cautioned its members. The association explained that when a physician answers a letter threatening to institute malpractice proceedings against him, he is apt to pen a lengthy, detailed summary of the case. The wording of such an explanatory letter may supply the plaintiff's attorney with an effective line of attack. Georgia physicians have been urged to turn any suit-themed epistle over to the state society's committee on medical defense. Then, chances are, the reply will not become a legal boomerang.

★ *Philanthropy's Fortune*

The gods of finance have smiled on sixteen of the country's most prominent philanthropic foundations. Frederick P. Keppel, president of the Carnegie Corporation, reports that during recent lean years the funds of these foundations have increased from $545,000,000 to $546,000,000.

★ *Land of Failing Sons*

Japan's Rising Sun shines on the world's highest birth rate these days. Census officials have disclosed that the Nipponese birth rate for 1935 was 31.63 per thousand of population. They point to an increase in marriage and a decrease in divorces as logical rea-

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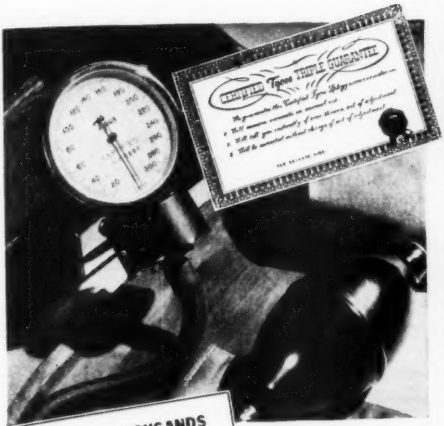
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Under the new Tycos Exchange Plan, your regular surgical supply dealer will allow you $5.00 on your old blood pressure instrument—*regardless of make or age.* In exchange you can obtain a Certified Tycos—either Portable or Desk Model. So today, under this plan, you can get the Portable Tycos for only $20.00; the Desk Model Tycos for only $22.50. Taylor Instrument Companies, Rochester, N. Y.

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OR HYPNOSIS?
Merely Adjust the
Dosage
of This Rational
Formula

The composition of Bromidia — potassium bromide, chloral hydrate, ext. hyoscyamus, and ext. cannabis — permits flexibility of administration to suit individual needs. When given in one-half or one dram doses, Bromidia exerts a well-defined sedative action, effectively controlling emotional distress and mild psychic upheavals. In two dram doses upon retiring, Bromidia produces refreshing and sound sleep, which is rarely followed by headache or drowsiness. Because it is a liquid, Bromidia may be given in exactly the doses indicated, and the patient is not required to take an inflexible quantity of medicament, which may be too small or too large. * * * Samples of Bromidia for clinical trial, and literature, sent to physicians on request.

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BROMIDIA
(BATTLE)

sons for the unusual number of births. Further cause for rejoicing was found in the 1935 death rate of 16.78 per thousand—a record low for the country.

Scant comfort is derived from the foregoing by Japan's war lords, government officials, and doctors. They are alarmed, they say, at the steady ebb in the nations health and longevity. Chief reason for their dismay: physical unfitness in 400 out of every 1,000 applicants for army service.

★ *Ambulance Pirate*

A thief with a flair for originality and an inordinate lack of conscience stole an ambulance recently belonging to the Columbus Hospital in Buffalo, New York. As the driver and an intern assisted an expectant mother to the front door of her home, they saw a stranger at the controls of their waiting vehicle. Before they could dispose the patient comfortably, the man had driven his booty around a corner and disappeared. The patient, in labor, managed to wait until another ambulance responded to a hurry call.

★ *Ex-King—a Rock*

For years ex-King Edward has jumped out of bed each morning to run through a series of setting-up exercises. After the calisthenics, he steps on the scales. If his weight is even a mere ounce over 142 pounds, he loses no time in getting to a squash court for a strenuous workout. The ex-King's devotion to keeping fit stood him in good stead during his struggle with a cabinet hostile to his determination to marry Mrs. Warfield Simpson. Last month, when the struggle was at its high-



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for ACNE

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• You can demonstrate the effectiveness of UVURSIN—the oral treatment for Diabetes—in your own practice.

• Mail the coupon for free 27-day treatment. This quantity is sufficient to show you definite clinical and symptomatic improvements in an actual case.

Send today for free trial.

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Please send 27-day trial quantity of UVURSIN to:

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A GOOD PRESCRIPTION

Physicians throughout the world prescribe ERGOAPIOL (Smith) in the treatment of ***Amenorrhea, Dysmenorrhea, Menorrhagia*** and ***Metrorrhagia.***

ERGOAPIOL provides symptomatic benefit by stabilizing uterine tone, regulating innervation and controlling bleeding when present. By its corrective action on perverted menstrual function, it simplifies local gynecological treatment. Valuable in obstetrics during the third stage.

Our ethical protective mark MHS embossed on the inside of each capsule, *visible only* when capsule is cut in half at seam, affords the physician a ready means of determining whether his prescription has been correctly filled.

DOSAGE: One to two capsules three or four times a day, preferably after meals with a glass of milk or water.

Supplied only in packages of twenty capsules each

MARTIN H. SMITH CO···150 LAFAYETTE ST···NEW YORK CITY

est pitch, Lord Dawson of Penn, royal physician, declared the King in "excellent health." This in spite of the fact that, due to a tense emotional crisis, he had for days been able to sleep only three or four hours out of 24. "It will take more than a cabinet crisis to do King Edward in," chuckled one of his intimates recently when asked how the ex-monarch, known as the "hard rock" of European royalty, was weathering the storm.

★ *Euthanasia Set Down*

The combined opposition of Lord Dawson of Penn, physician to Britain's royal household, and the Archbishop of Canterbury, proved too much last month for Lord Ponsonby's proposed measure to legalize euthanasia (see December issue, page 104). Parliament killed the bill with a vote of 35 to 14. Despite the set-back, Lord Ponsonby predicts eventual legislation of a mercy-death bill. The Archbishop of Canterbury's chief objection to a euthanasia law is that it would "drag medical killing into the open."

★ *Ailing Jailbirds*

Taking New York City's eleven-month-old penitentiary on Riker's Island as an example, about six out of every ten persons sentenced to jail need medical treatment of one kind or another. It was revealed last month that medical research is being conducted in the Riker's Island institution by city authorities in conjunction with the United States Public Health Service. Included is an experiment on infected prisoners to establish the value of induced fever as a treatment for gonorrhea.

★ *Ban Corporate Practice*

A move to outlaw the corporate practice of medicine started recently in Missouri. The St. Louis Medical Society, by a vote in which the ayes outnumbered the

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... Each fluid ounce contains 6.66 grains of pure, resublimed iodine. . .It is acid in reaction, producing the constitutional effect of iodine without gastric irritation usual with alkaline iodides.

... Indications include: influenza, pneumonia and other pulmonary affections, laryngitis, pharyngitis, rheumatism, bronchitis.....To PREVENT SUBSTITUTION AND INSURE DISPENSING OF THE GENUINE PRODUCT—SPECIFY GARDNER'S SYRUPUS ACIDI HYDRIODICI—in original 4 and 8 ounce bottles.

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ORANGE *Established 1878* NEW JERSEY

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• the preferred dermal therapeutic

CASE REPORTS—1932-1933

S. L.—Age 29. Eczema of both arms. Two weeks treatment with Mazon. Recovered.

J. P.—Age 33. Itchy lesion with a tendency to become impetiginous. Four weeks treatment with Mazon. Fully recovered.

- READILY ABSORBED
- ANTI-SEPTIC
- ANTI-PARASITIC
- NON-STAINING
- NON-GREASY
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- NO BANDAGING IS REQUIRED

"By these you can judge for yourself why I have had so much faith in Mazon."

I. C.—Eruption of entire face of small furuncles with a yellow head, resembling Barber's Itch. Eight weeks treatment with Mazon ointment, twice daily, alternating with wet compresses of Hexoresorcinol. Fully recovered.

•

M. M.—Age 27. Eczema hands and legs. Fully recovered after three months treatment.

•

P. S.—Age 31. Eruption of the skin surround the entire anus, with small weeping blisters. Dermatitis renegata. From six to eight weeks treatment with Mazon. Fully recovered.

1934

M. L.—Age 37. Eczema of back, shoulder and lumbar region. Itching and redness. Complete recovery after four weeks treatment with Mazon.

•

J. L.—Age 46. Eczema of left side of face with papulae. Fully recovered after five weeks treatment with Mazon.

1935

M. M.—Age 16. Severe eruption of entire face. Three weeks treatment with Mazon cleared up this condition. In conjunction I ordered Stanoxyl Tablets internally.

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noes by more than two to one, passed a resolution demanding that (1) the society's medico-legal committee begin proceedings against a selected defendant of the rights of a corporation to practice medicine; (2) a medico-legal fund be established, placed in the society's treasury, and earmarked to finance the test suit. The fund is to be raised by solicitation among society members. Any unused part will be returned to contributors on a pro rata basis. This development in Missouri follows closely a ruling by the New York State Supreme Court forcing the Life Extension Institute, of Manhattan to abandon making physical examinations and rendering diagnoses (November issue, page 128).

★ *Cosmetics to Be Purged*

Research chemists from various branches of the toilet goods industry are to form a board of standards, according to plans made public last month by the Toilet Goods Association, Inc. One of the board's first functions will be to appoint a scientific committee to decide whether certain ingredients should be banned by cosmetics manufacturers and to judge the scientific truth of claims made by advertisements and labels. A list of materials outcast by the investigating committee will be submitted to manufacturers with a request to discontinue their use.

★ *U. S. Medicine Supreme*

A three month's survey of American medical methods has convinced Dr. Ramon Palacio Posse that the United States is far ahead of health-insurance-ridden Europe in the matter of advanced medical study. Dr. Posse, South American pioneer in plastic surgery, was sent here by the Argentine government to study American hospitals and medical centers. He is in a position to contrast

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American and European methods because he spent four years studying in French, German, and Austrian institutions. Should the Argentine government follow Dr. Posse's recommendations, its hospitals will be reorganized so as to parallel closely modern American institutions; young Argentine medical students who, almost to a man, have been going to Europe for advanced study will come to America.

"If the United States made an effort to interest South American medical students by advertising in medical journals down there," declares Dr. Posse, "they would make this country a Mecca for higher learning in medical science." He plans to write a series of articles for leading South American medical journals describing the administration and functions of hospitals in New York, Philadelphia, Washington, and Boston. His writings will urge his colleagues to "keep an eye on American medical progress."

★ *Curb on Ambulances*

'Way down in Dixie two county societies have decided to try to break up a traditional triumvirate —ambulance, speed, and siren. Resolutions passed by the Memphis and Shelby County Societies (Tennessee) condemn reckless caroming over city streets by ambulances, and decry unnecessary encores of the siren's song. The organizations have been promised cooperation by all local ambulance companies with exception of one standpatter.

Just Published

ARTICLES

FAKING AUTOMOBILE ACCIDENTS, by Elliott Arnold. Methods used by fraudulent doctors and lawyers to victimize automobile owners. (*The Nation*, November 21, 1936)

THE AMBULANCE CHASING GAME, by Elliott Arnold. The increase of the racket over the past five years, and how it works. (*The Nation*, November 28, 1936)

HEALTH ADVICE SHOULD BE AS FREE AS AIR AND WATER, by Bernarr MacFadden. An editorial endorsing socialized medicine. (*Liberty*, December 5, 1936)

BOOKLETS

SICKNESS TAX AND MONITOR MEDICINE, by Frederic E. Elliott, M.D. A booklet to be distributed by physicians among patients, describing the pitfalls of state medicine. (The League for Defense of American Medicine, Fort Hamilton Station, Box 55, Brooklyn, N. Y.)

BOOKS

SUPERVISION IN SOCIAL CASE WORK, by Virginia Pollard

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10,900 grams of fat
20,300 grams of carbohydrate
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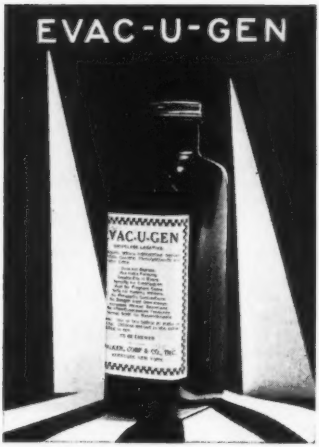
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Robinson. Social work as an educational process. (University of North Carolina Press, Chapel Hill, N. C.; $2.50)

THE LIFE AND CONVICTIONS OF WILLIAM SYDNEY THAYER, PHYSICIAN, by Edith Gettings Peid. Biography of a medical professor who witnessed the Russian Revolution as a member of the Red Cross. (Oxford University Press, 114 Fifth Ave., New York, N. Y.; $2.50)

THE PROFESSIONAL SUCCESS SURVEY, conducted and reported by George N. Danforth. Ethical ways of enlarging a professional practice, showing the causes of success and failure. (Danforth-Hughes Associates, 581 Boylston St., Boston, Mass.; $10)

FEDERAL TAX COURSE, 1937 EDITION. How to prepare your income tax return accurately, plus thorough explanations of the tax laws and regulations. (Prentice-Hall, Inc., 70 Fifth Ave., New York, N. Y.; $10)

YOUR INCOME TAX, by Hugh Satterlee and I. Herman Sher. A 96-page brochure designed to answer in simple language any question that arises in making out an income tax return. It also explains how to keep down one's income tax. (Simon & Schuster, 386 Fourth Ave., New York; $1)

THE ANNIVERSARY MURDER, by Eden Phillpotts. A new mystery story in which a physician is the prominent character. (E. P. Dutton & Company, Inc., 300 Fourth Ave., New York, N. Y.; $2)

DR. COLWELL'S DAILY LOG FOR PHYSICIANS. A financial record book for the doctor's desk. (Colwell Publishing Company, Champaign, Illinois; $6)

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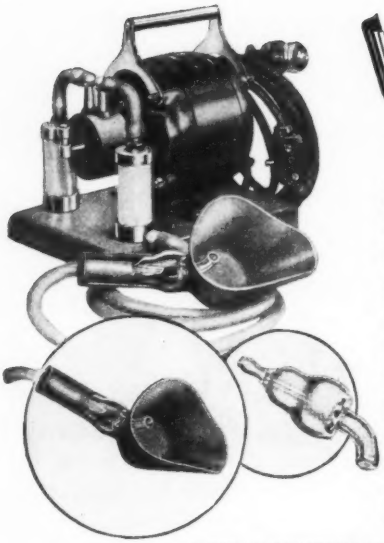
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LITERATURE & SAMPLES

IODINE MEDICATION: To secure effective results in iodine ointment medication, the makers of Iodinized Dionol Ointment suggest the use of this product. It is an unguent that liquifies at body temperature. The Dionol Company (ME 1-37), 4210 Trumbull Avenue, Detroit, Mich., offers a half-ounce tube for clinical trial.

DIABETES MELLITUS: Uvursin is said to offer a mild, oral treatment for the reduction of sugar in diabetes. It is put up in capsule form and is prepared for prescription purposes only. Some excellent results are reported. Write for a 27-day trial supply. Address: John J. Fulton Company (ME 1-37), 88 First St., San Francisco, Calif.

GASTRIC HYPERACIDITY: Amphojel is indicated for controlling gastric hyperacidity without the use of alkalies. It is described as a palatable colloidal suspension of hydrated alumina, flavored with peppermint, and lacking the slightest tendency to bring about a secondary rise of acid secretion. For a descriptive leaflet, address John Wyeth & Brother, Inc. (ME 1-37), 11th & Washington Aves., Philadelphia, Pa.

CHRONIC PURULENT WOUNDS: Ureacol Cream is a new protein metabolism product designed to stimulate healing in chronic purulent wounds. Literature available says that it cleanses the wound by removing necrotic material and pyrogenic bacteria, and promotes the growth of granulation tissue. Write to the Drug Products Company, Inc. (ME 1-37), 26-32 Skillman Avenue, Long Island City, New York.

COLDS: In hundreds of cases of nasal congestion, Efedron is said to have afforded quick relief. The product is a water-soluble ephedrine nasal jelly. Send for a free tube. Address the Hart Drug Corp. (ME 1-37), 35 S.W. 2nd St., Miami, Fla.

PARALYSIS AGITANS: In clinical tests it has been found that Genoscopolamine can be prescribed in sufficient dosage to ease the symptoms of paralysis agitans. Reports say that it relieves muscular rigidity, reduces tremor, controls salivation, and is particularly effective in paralysis agitans following encephalitis. For a clinical sample and literature, write to Lobica Laboratories (ME 1-37), 1841 Broadway, New York, N. Y.

X-RAY: Full details about two brand new models of Diadex x-ray units appear in this literature. The Westinghouse X-Ray Company, Inc. (ME 1-37), Long Island City, N. Y., will gladly send you copies upon request.

ARTERIOSCLEROSIS: In treating high bloodpressure, Burnham Soluble Iodine is said to provide free active iodine for quicker and stronger effect in smaller dosage. It is pointed out that the product helps regulate faulty cholesterol metabolism, thus assisting in preventing further deposits on arterial walls and tending to dissolve those already formed. Send your request for a sample to the Burnham Soluble Iodine Company (ME 1-37), Auburndale, Boston, Mass.

WEIGHT DEPLETION: The tonic effect of Ga-Ma-Cor in pulmonary and respiratory cases is revealed in a report just issued. The product is an alcoholic extract of garlic, cypress, eucalyptus, creosote, and menthol. It appears to be efficacious in effecting weight gain and in increasing blood count even in moderately- and far-advanced cases. For a copy of the report and a clinical sample, write to the Salus Laboratories (ME 1-37), 644 Pacific St., Brooklyn, N. Y.

SUNLAMP: This literature tells all about the Sperti Sunlamp, a mercury-arc ultraviolet lamp with a light filament for room illumination. It fits any light socket and is said to preclude over-exposure since harmful rays are filtered out. Write the Science Laboratories, Inc. (ME 1-37), 424 East 4th St., Cincinnati, Ohio.

AUDIOMETER: Complete details about the new Western Electric 6A Audiometer are contained in this interesting booklet, illustrated in color. It points out that the instrument not only furnishes an accurate means of measuring hearing acuity, but it also enables an otologist, by means of a masking attachment, to

isolate and measure the bone conduction losses of an individual ear. Your copy will be mailed promptly upon request. Address the Graybar Electric Company (ME 1-37), 420 Lexington Ave., New York, N. Y.

SUSPENSORY CATALOG: Physicians will find this booklet helpful in suggesting to patients the correct types of supporters, suspensories, and reducers. It illustrates all Mizpah models, gives complete specifications, and lists prices. Your copy can be obtained by writing to the Walter F. Ware Company (ME 1-37), 1034 Spring Street, Philadelphia, Pa.

IODINE MEDICATION: A professional sample of Riodine, with descriptive literature, is offered free to physicians. The product is an iodine-addition preparation of castor oil having an iodine content of 17% of its total weight. When used in conditions requiring prolonged iodine medication, the makers declare there is little fear of gastro-intestinal or other iodine disturbances. Address the Gallia Laboratories, Inc. (ME 1-37), 254-256 W. 31st Street., New York, N. Y.

INFANT FEEDING SCHEDULE: The manufacturers of Dryco, irradiated dry milk, are now distributing copies of the Dryco Vest-Pocket Infant Feeding Schedule. It contains separate formulas for the newborn, the normal infant, and the difficult feeding case. Just send a postcard to the Borden Company (ME 1-37), 350 Madison Ave., New York, N. Y.

BANANAS: This 143-page book on the "Nutritive and Therapeutic Values of the Banana" is actually a digest of scientific literature on the subject. No doubt you'll find it well worth keeping on your reference shelf. Address requests to the United Fruit Company (ME 1-37), 1 Federal St., Boston, Mass.

SECONDARY ANEMIA: According to the makers of Gude's Pepto-Mangan, it is a neutral organic solution of true peptonate of manganese and iron. It is put up in both liquid and tablet form and is prescribed in secondary anemias to stimulate appetite and help increase hemoglobin in the blood. A professional sample will be mailed to you if you drop a card to the M. J. Breitenbach Company (ME 1-37), 160 Varick St., New York, N. Y.

BLOOD BUILDER: A new reprint, "The Treatment of Secondary Anemias," discusses the use of Ferrophyl in anemic conditions. This ferruginous tonic which combines chlorophyl with iron, copper, and manganese is said to be readily assimilable without producing toxic or undesirable cumulative effects. A free sample and a copy of the reprint are available from the Ferrophyl Company (ME 1-37) Room 514, Chrysler Bldg., New York, N. Y.

ANTISEPTIC: Here's a new antiseptic which bears the name, Tetrodine. It is described as being bactericidal yet non-toxic and non-irritating. It contains 1% free iodine and 4% iodine in organic combination. The following advantages are claimed: It can even be taken internally without toxic effects; promotes healing and tends to lessen scarification; is water soluble; and contains no alcohol. A liberal sample, with literature, is yours for the asking. Address the Tyler Laboratories, Inc. (ME 1-37), 882 Third Ave., Brooklyn, N. Y.

HEAD COLDS: Upon request, the Schoonmaker Laboratories (ME 1-37), Caldwell, N. J., will mail you a generous sample of V-E-M or ZYL. Both remedies have been found effective for head colds by soothing irritation and in keeping the passage open. ZYL is V-E-M plus ephedrine.

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Bard-Parker Co., Inc. 121
Barnes Co., A. C. 7, 57
Battle & Co. 154
Bay Company 75
Becton, Dickinson & Co. 3, 82, 88, 94
Belmont Laboratories, Inc. 157
Beta Products Co. 154
Biobasic Products, Inc. 60, 61
Bischoff Co., Inc., Ernst 138
BiSoDol Company 125
Borden Co. 99
Bovinine Co. 68, 69
Bristol-Myers Co. 163

Camp & Co., S. H. 9
Campho-Phenique Co. 129
Castle Co., Wilmot 110
Cavendish Pharmaceutical Corp. 100
Christina, Inc., Vincent 66
Ciba Co. 16
Clay-Adams Co., Inc. 97
Cystogen Chemical Co. 136

Danforth Associates 108
DeLeoton Co. 90
Denver Chemical Mfg. Co. 2
DeVilbiss Co. 101
Dionol Co. 160

Eastman Kodak Co. 77
Effervescent Products, Inc. 95
Eimer & Amend 148
Endo Products, Inc. 110

Farastan Company 59, 106
Fellows Medical Mfg. Co. Inside front cover
Flint, Eaton & Co. 124
Fougera and Co., Inc., E. 133
Fulton Co., John J. 155

Gallia Laboratories, Inc. 128, 137
Gardner, Firm of R. W. 156
General Electric X-Ray Corp. 54
Gerber Products Co. 139

Hart Drug Corp. 146
Haslam & Co., Inc., Fred 167
Hawaiian Pineapple Co., Ltd. 151
Heinz Co., H. J. 70
Hollings-Smith Co. 81
Hygeia Nursing Bottle Co. 141
Hynson, Westcott & Dunning 111

Johnson & Johnson 17, 168

Kellogg Co. 92
Kellogg & Sons, Inc., Spencer 5
Kendrick Co., Inc., James R. 120
Knox Gelatine Laboratories 15
Kress & Owen Co. 109

Leeming & Co., Inc., Thos. 117, 152
Lobica Laboratories, Inc. 150, 161
Lupex Co., Inc. 158

MacGregor Instrument Co. 56, 74
Maltine Company Inside back cover
Merrell Co., Wm. S. 11
Micajah & Co. 112
Monarch Life Insurance Co. 78
Mu-Col Co. 116

Nestle's Milk Products, Inc. 161
Norwegian Medicinal Cod Liver Oil 107
Norwich Pharmacal Co. 147
Numotizine, Inc. 102

Od Peacock Sultan Co. 84, 85

Patch Co., E. L. 135
Pelton & Crane Co. 120
Phillips Chemical Co., Chas. H. 149
Pineoleum Co. 140
Plessner Co., Paul 104
Professional Printing Co. 166

Ralston Purina Co. 113, 143
Reed & Carnrick 114

Schering Corporation 89
Schering & Glatz, Inc. 12
Scholl Mfg. Co., Inc. 126
Schoonmaker Laboratories, Inc. 144
Searle & Co., G. D. 13
Sharp & Dohme 123
Sklar Mfg. Co., J. 164
S.M.A. Corporation Back cover
Smith Pharmacal Co., Carroll Dunham 67
Smith Co., Martin H. 132, 155
Smith, Kline & French Laboratories 91
Stearns & Co., Frederick 79
Stoddard & Co., Inc., G. S. 142
Storm, M.D., Katherine L. 138

Tablax Co. 146
Takamine Laboratory, Inc. 164
Tampax, Inc. 159
Taylor Instrument Companies 153
Tilden Co. 128
Tyree, Chemist, Inc., J. S. 134

Viburno Co., Inc. 80

Walker, Corp & Co., Inc. 162
Wander Co. 18, 64
Ware Co., Walter F. 58
Warner & Co., Inc., Wm. R. 72, 83
Whittaker Laboratories 122
Wilmot Castle Co. 110
Wyeth & Brother, Inc., John 62

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